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AFDC Worker Handbook

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THE COMMONWEALTH OF MASSACHUSETTS

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE
AID TO FAMILIES WITH DEPENDENT CHILDREN
WORKER HANDBOOK

GOVERNMENT DOCUMENTS
COLLECTION
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JOHN D. PRATT
COMMISSIONER

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1000 AN OVERVIEW OF THE HANDBOOK

This Handbook is intended to assist you in your work as an Assistance Payments (AP) worker in the Massachusetts Aid to Families with Dependent Children (AFDC) Program. AFDC is one of the major programs administered by the Department of Public Welfare for the maintenance of the economic security of families in need. Among the others are Medical Assistance, or Medicaid, the Food Stamp Program and General Relief. You will deal with applicants and recipients for all of these programs. The material in this Handbook, however, deals only with AFDC.

This Part (Part I) of the Handbook covers the following topics:

- The relationship of the Handbook to the Policy Manual (Section 1010);
- The organization of the Policy Manual (Section 1100);
- The organization of the Handbook (Section 1200);
- The process for updating the Handbook (Section 1210);
- Technical terms used in the Handbook and Manual (Section 1300); and
- Current court orders and consent decrees affecting AFDC (Section 1400).

1010 RELATIONSHIP OF THE HANDBOOK TO THE POLICY MANUAL

This Handbook is meant to be used with the AFDC Policy Manual. Under Massachusetts law, the regulations in the Policy Manual have the force of law. New policy material must be published, and an opportunity offered to interested members of the public to comment on the policy. The Policy Manual is the official legal document that you must cite to support Department actions denying, reducing or terminating assistance.

The Handbook summarizes most of the material in the Policy Manual, and provides internal instructions for the implementation of the regulations in the Manual. The material in the Handbook does not have the force of law and need not be published for public comment.

The Department makes both the Handbook and the Manual available to the public. The Handbook is made available for information only, and is not part of the Department's published reguations. Each WSO/CSAO must have a copy of the Manual and the Handbook for public inspection.

1100 ORGANIZATION OF THE POLICY MANUAL

The numbering system used in the Policy Manual is that used for the Code of Massachusetts Regulations (CMR) by the Office of the Secretary of State for the Commonwealth. Numbers in the 300 range have been assigned to the Department of Public Welfare for its programs. The AFDC Policy Manual is contained in Chapters 301 through 306 of the Code, which are designated 301CMR - 306CMR. Chapter titles are as follows:

. Chapter 301 - General Policies

. Chapter 302 - The Eligibility Process

. Chapter 303 - Categorical Requirements

. Chapter 304 - Financial Eligibility

. Chapter 305 - Related Benefits

. Chapter 306 - Auxiliary Activities

The numbering system of the Handbook is explained in Section 1200. The Manual and the Handbook have a common index, which is found at the back of the Handbook.

1200 ORGANIZATION OF THE HANDBOOK

The Handbook is divided into five parts.

. Part I, Introduction and Glossary, tells you how to use the Handbook and gives you general background information.

. Part II, The Eligibility Process, focuses on the processes of taking applications, making redeterminations, and determining the eligibility of applicants and recipients.

. Part III consists of Case Situation Guides. Each guide gives step-by-step instructions for dealing with a number of situations that frequently occur in an AFDC case.

. Part IV of the Handbook contains Case Action Guides. These are instructions for taking the steps - like recalculating a grant or notifying a recipient - that are common to many case situations.

. Part V consists of Forms and Instructions.

The numbering system used for the Handbook is as follows:

. Sections in Part I are numbered from 1000 to 1999;

. Sections in Part II, from 2000 to 2999;

. Sections in Part III, from 3000 to 3999;

. Sections in Part IV, from 4000 to 4999; and

. Sections in Part V, from 5000 to 5999.

The appendices are organized as follows:

. Appendix I gives Sources of Birth, Death, Marriage and Divorce Records from every state and territory in the United States.

. Appendix II contains instructions for using the Turnaround Document (TD).

Finally, at the back of the Handbook is a common index for both the Handbook and the Manual.

1210 UPDATING THE HANDBOOK

The Handbook is intended to be the source of all procedural instructions. As policies and procedures change, the Handbook is revised and supplemented with new material. New or revised sections are sent to Handbook holders for updating.

The vehicle for transmitting these sections are TRANSMITTAL NOTICES. These are numbered sequentially and contain instructions for filing changes or additions as well as information about the change and advice to the reader as to the significance of the material. The Transmittal Notice itself is to be detached from the material and should not be interfiled with the new pages transmitted. In the front of each handbook the holder must maintain a checksheet for Handbook Transmittals. When you receive a Transmittal Notice and place the new material in the Handbook, you must record the action by dating the checksheet. This is a way of making sure that your Handbook is up-to-date.

On occasion transmittals may be received out of sequence. From time to time holders are notified of the transmittals they should have received.

It is not necessary to retain copies of the transmittal notices themselves, but one set of Handbook Transmittal Notices should be maintained in each office for reference purposes. Holders should feel free to maintain their own set if they feel it is of value.

The effective date of each transmittal is shown on the Transmittal Notice, as well as on the new or revised Handbook page.

The Department welcomes suggestions for improvement to the Handbook from field staff. Suggestions should be forwarded through the appropriate channels to:

Director of Hotline
Office of Assistance Payments
Department of Public Welfare
600 Washington Street
Boston, Massachusetts 02111

1211 Temporary Case Action and Case Situation Guides

Guides will be issued with instructions which are temporary. These will be issued in the same manner as regular guides but will be easily identified as they will be on yellow paper and the section numbers will be preceded by the letter "T" e.g. T-4510.

The transmittal notice and the material transmitted will include an "obsolete" date if this can be determined at the time the guide is issued. If the duration of need for the temporary guide is not definite the phrase "when advised" will be shown instead of an obsolete date. A transmittal notice with this advice will be issued at the time the instruction is to be obsoleted.

If a temporary guide supplements an existing guide the same guide number will be used preceded by the letter "T". If it is a new section, not merely a supplement, it will be numbered in a section appropriate to its subject, but not identical to an existing guide. Supplementing guides should be filed adjacent to the permanent guide, others should be filed in appropriate sequence.

1212 Program Bulletins

In addition to Case Action and Case Situation Guides which are to be filed in the Handbook, Program Bulletins will be issued periodically. These bulletins will be informational in nature containing reminders, explanations and clarifications, but they will not be instructional. All instructions will be issued as guides.

Program Bulletins may include items on a number of subjects and will generally be of immediate and temporary interest. They need not be retained but can be if the reader so wishes. Distribution will be to all handbook holders. Numbering will be sequential showing calendar year e.g. PB-1980-1, PB-1980-2 etc.

1300 GLOSSARY OF TECHNICAL TERMS

The AFDC Policy Manual and this Handbook use a minimum of technical terms. The following is a list of the few technical terms and their definitions as well as a reference to the section of the Policy Manual where each term is discussed.

- Appeal

  An appeal is a written request for a fair hearing on an action proposed or taken by the Department or on the Department's failure to act.

  Manual Reference: 302.600, 343.000

- Assets

  Assets are objects of value, not defined as income in the Manual such as personal property, real estate, automobiles, life insurance, cash and bank deposits, securities, and certain other items.

  Manual Reference: 304.100

- Assistance Unit

  The assistance unit is that group of persons whose assets, income, and needs are considered in determining eligibility and the amount of the grant.

  Manual Reference: 304.300

- Auxiliary Activities

  Auxiliary activities are those administrative actions necessary to ensure that the benefits authorized for eligible recipients are provided in a timely and accurate manner.

  Manual Reference: 306.000

- Case Record

The case record is the permanent collection, in written form, of the information necessary for determining eligibility and providing benefits and referrals for services.

Manual Reference: 302.410

- Competent Medical Authority

A competent medical authority is a physician or psychologist licensed by the Commonwealth of Massachusetts or any other state or, in the case of foreign physicians, licensed in a country which enjoys a reciprocal licensure agreement with the United States.

Manual Reference: 303.330

- Dependent Child

A dependent child is a financially eligible child who is deprived of the support or care of one or both of its natural or adoptive parents through death, continued absence, incapacity or unemployment. The term, dependent child, as used throughout the Manual and Handbook, is understood to include the plural.

Manual Reference: 303.100

- Deprivation Factor

The Deprivation factor is one of the 4 circumstances that fulfills the AFDC eligibility requirement that a child lack the care or support of a natural or adoptive parent. The 4 circumstances are death, continued absence, incapacity or unemployment.

Manual Reference: 303.300

- Eligibility Process

The eligibility process is those activities which are required in all cases as part of the basic provision of benefits. These activities begin with the application for assistance, include redeterminations of eligibility and case maintenance activities, and end with notification and appeal provisions.

Manual Reference: 302.000

- Fair Hearing

  A fair hearing is a proceeding conducted by an impartial officer of the Division of Hearings to review an action proposed, taken or not taken by the Department, which has been appealed.

  Manual Reference: 302.600

- Grant

  The grant is the total amount of financial assistance which an assistance unit is eligible to receive. It is paid in the form of semi-monthly checks to recipients, or in the form of vendor payments to providers of goods and services on behalf of recipients.

  Manual Reference: 304.600

- Grantee-Relative

  The grantee-relative is the person who receives the grant for the assistance unit.

  Manual Reference: 303.210

- Home Visit

  A home visit is a visit to the home of the applicant or recipient by the worker for purposes of determination or redetermination of eligibility.

  Manual Reference: 302.340

- Household

  The household, as distinct from the assistance unit, is the total group of persons who live together. The assistance unit and the household may or may not be the same group of persons.

  Manual Reference: 304.300

- Income

  Income is any money, goods, or services, not defined as assets in the Manual, received from any source, such as salaries, wages, tips, bonuses, annuities, free shelter or utilities.

  Manual Reference: 304.200

- Notice

  Notice is a written statement of an action proposed or taken by the Department, including the reasons for the action, an appropriate citation to the Policy Manual, and an explanation of the individual's right to appeal. Timely notice is mailed at least ten days in advance of the date the proposed action is effective, or in specific cases, no later than the date the action is effective.

  Manual Reference: 302.500

- Recipient

  A recipient is any person included in the assistance unit.

  Manual Reference: 304.300

- Redetermination

  A redetermination is a periodic reevaluation of eligibility.

  Manual Reference: 302.200

- Related Benefits

  Related Benefits are benefits other than the grant which are authorized under the AFDC Program.

  Manual Reference: 305.000

- Remarried Parent

  A remarried parent is any parent, whether or not (s)he has previously been married, whose present spouse is not legally liable for the support of the dependent child.

  Manual Reference: 304.330(B)

- Standard of Eligibility

  The Standard of Eligibility is used to determine financial eligibility in the 150% Test of Eligibility.

  Manual Reference: 304.260, 304.400

- Standard of Need

  The Standard of Need is used both to determine financial eligibility in the Second Test of Financial Eligibility as well as to determine the amount of the grant for assistance units with either earned or unearned income.

  N.B. Under no circumstances may the grant exceed the Standard of Payment.

  Manual Reference: 304.260, 304.410

- Standard of Payment

  The Standard of Payment is the maximum amount that an assistance unit may receive as a monthly grant.

  Manual Reference: 304.420, 304.500

- Vendor Payments

  Vendor payments are payments which are made directly to a provider of goods or services on behalf of a recipient of AFDC. Vendor payments include protective payments, vendor payments made because of mismanagement of funds or non-cooperation with the requirements of the WTP or Child Support programs.

  Manual Reference: 306.600

- Verification

  Verification is the process of ensuring the validity of a statement or circumstance for purposes of determining or redetermining the eligibility of an applicant or recipient.

  Manual Reference: 302.300

- Voucher

  A voucher is a Department form authorizing a vendor payment.

  Manual Reference: 306.600

1400 SUMMARY OF COURT ORDERS AND CONSENT DECREES AFFECTING AFDC

The Department's AFDC policies and operations have been significantly altered by a number of court orders and consent decrees. It is important to understand the legal principles involved in these cases, as you have the responsibility of carrying out the orders of the court for the Department. The following is a summary of the major orders and decrees currently affecting the AFDC program in Massachusetts.

. The Casul case required the Department to notify Spanish speaking applicants and recipients of decisions taken on their cases in Spanish. In connection with this, the Department has also prepared a series of notification form letters in Portuguese. See CAG 4722: Language of Notification Letters.

. Cornelius v. Sharp: The consent decree in this case sets specific time standards for Department performance of certain case maintenance actions and provision of certain AFDC-related benefits, provided recipient verification is timely. See Section 301.500 of the Policy Manual and CAG 4750: Time Standards for Department Action and Recipient Verification.

. Fortin v. Minter: In this case, the Court ordered the Department to afford applicants for AFDC and for General Relief opportunity to apply for assistance without delay; to process applications for the delivery of a check within thirty days for AFDC applicants; to determine eligibility for GR applicants within 14 days and deliver a check 8 days thereafter. In a consent decree, the Department and the plaintiffs agreed that the Department would take applications for AFDC and GR immediately, if possible, and if the application could not be taken immediately, to do the following within 24 hours:

- log in the application request;
- inform the applicant of the steps needed to establish eligibility;
- make inquiry about immediate needs;
- provide food and shelter vouchers upon request if the applicant appears to be eligible for AFDC;
- schedule an interview so as to allow timely processing of the application.

These requirements are specified in Section 302.110 of the Policy Manual.

. Fifteen Thousand, Eight Hundred and Forty-four v. King: This case involved the Department's first match of the Recipient Master File against the Social Security Administration's (SSA) earnings file. Major issues in the 15,844 case were the content of redeterminations, the validity of computerized file matches as a basis for conducting redeterminations, and the respective functions of the Department of Public Welfare and the Bureau of Welfare Auditing.

- Ptak v. Califano: This case invalidated the 60 and 90 day sanction period for refusal to participate in WIN. The Ptak decision held that the length of the sanction period must be the length of the period of actual refusal to participate in WIN. The sanction process is administered by DES/WIN, but you should be familiar with the rules for de-registration and sanction. They are contained in Sections 303.860 and 303.870 of the Policy Manual and CAG 4530: Sanctions for Failure to Participate in WIN. Essentially, the sanction period must be as long as the time from first failure to participate in WIN to the date of notice of intended deregistration. The one exception is discussed in Section 303.870(A) of the Manual.

- Westcott v. Califano: In this case, a couple's application for AFDC-UF was denied because the father did not meet the work history requirement and therefore did not qualify as a UF. The mother met all UF eligibility requirements; the sole reason fqr her ineligibility (and hence that of the assistance unit, since the father was ineligible) was that the AFDC-UF program covered only males.

  The Supreme Court ruled in this case that the gender-based distinction in AFDC-UF program was unconstitutional and ordered coverage of all assistance units in which either the father or the mother met all the criteria for unemployment under the old AFDC-UF program.

- Doe v. Sharp: This case began when a woman claimed that the Department could not require her to obtain Social Security numbers for her children in order to receive assistance for them. The case became a class action suit. In deciding the case, the court upheld the Department's right to obtain and use the client Social Security numbers but ordered that the Department inform applicant's and recipients of the specific uses to be made of their numbers.

PART II

THE ELIGIBILITY PROCESS

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2000 OVERVIEW OF THE ELIGIBILITY PROCESS

Determining and redetermining eligibility for AFDC is essentially a two-phase process. First, you must ascertain the facts about an applicant's or recipient's circumstances. Second, you must determine whether these circumstances meet the requirements for AFDC eligibility. The following are obvious but important points about this process:

- Eligibility determinations must be made on the basis of facts alone.
- AFDC cannot be denied or terminated on the basis of suspicion alone. It can be denied because an applicant or recipient fails to submit verifications needed to support a statement or to resolve an inconsistency or contradiction. The difference is critical.
- Applicants and recipients have a legal right to assistance if they establish eligibility. Providing the required verifications to establish eligibility is the responsibility of the applicant or recipient, but it is your responsibility to inform them him or her of the program's requirements and the verifications that are acceptable to meet these requirements.

Part II provides information on the eligibility process.
Section 2100 covers the methods used in ascertaining the facts about an applicant's or recipient's circumstances: interviewing, verification and home visits. Section 2200 addresses the specific process of taking an application, and Section 2300 describes the redetermination process.

2110 INTERVIEWING

A. Purpose of Interviews

Interviews are mandated at all applications and redeterminations. They are the principal tool you have for:

- Explaining the Department's programs and requirements; and
- Getting accurate information to determine whether eligibility requirements are met.

Face-to-face interviews with applicants and recipients give you a chance to explain the various Department programs and to make sure that the person you are interviewing understands:

- the requirements of the program;
- what he or she can expect from the Department; and
- what the Department expects from him or her.

An interview is also an opportunity for you to get accurate information about the applicant's or recipient's circumstances. A well-conducted interview enables you to get the information you need in a way that does not intimidate or threaten the interviewee. It also allows you to follow up leads which may lead to the development of other benefits, allow for an increased grant, or prevent overpayments and fraud.

B. Effective Interviewing

The following are useful guidelines to follow in conducting interviews.

Asking Questions

The answers you get depend on the questions you ask and the way in which you ask them.

- Take the initiative and keep the discussion moving. Allow room for the interviewee to raise topics, but keep the discussion focused on questions relating to eligibility.
- Ask broad questions first; don't start with "Tell me the amounts and sources of your earned income, unearned income and income-in-kind." Rather, ask something like, "How much money do you get each month? Where does it come from?" The replies will quickly establish what you need to ask and what you don't need to ask.

- Once you are on the right track, be as clear and specific as possible. Ask, "Do you receive a pension? Dividends? Interest or a trust fund?" not, "Do you have unearned income?"
- When a reply is incomplete or inconsistent, ask for more information or mention the aspect you need more facts on by saying "I don't quite understand ______________."
- When you are uncertain, repeat the response: "You said your first marriage was never legally ended - did I understand you correctly?"
- Avoid asking questions that appear to make judgements about the interviewee or their circumstances.

Maintaining a Professional Stance

You may feel extremely sympathetic to some interviewees, and perhaps be annoyed with others. Regardless of your feelings you must remember that your primary duty is to determine if the interviewee is eligible for assistance from the Department and to determine the amount of that assistance. Therefore, it is crucial that you inform the interviewee that assistance can be granted only if eligibility requirements are met and the required verifications are produced.

Do not make promises the Department cannot keep. Raising unreasonable expectations in the applicant or recipient can only lead to frustration, anger, and disappointment later. This makes your job, and that of your fellow workers, needlessly difficult.

You should be friendly and sympathetic, but make it clear that you can help only by establishing eligibility for benefits or making a referral to Social Services.

Closing the Interview

Before closing the interview, ask yourself:

- What else do I need?
- Have I completed all of the necessary AP-1 or AP-2 entries?
- Do I know how to contact the interviewee if I need to?
- Does he or she know how to contact me?
- Does he or she understand the verifications he or she must provide?

In closing, tell the applicant or recipient exactly what he or she needs to do to establish or retain eligibility, if anything, and what(s)he can expect from the Department. Reiterate the responsibility to keep the Department informed of any change in circumstances. Make sure the interviewee knows of all benefits available to him. If the interviewee appears ineligible for AFDC, explain this. At the same time, stress the right to apply despite apparent ineligibility (at an application interview), and the right to request a Fair Hearing.

Dealing with Difficult or Demanding Applicants or Recipients

When an applicant or recipient is difficult or demanding, you may have special problems in obtaining the information you need to make an eligibility determination.

The demanding applicant or recipient may attempt to force a hasty decision on an application or the granting of a benefit for which he or she is clearly ineligible. In this situation, you must calmly and patiently explain that the only way the benefit can be granted is factual proof of eligibility.

If in spite of your efforts to explain the necessity of the interview the applicant or recipient refuses to cooperate you should offer to reschedule the interview.

If the applicant or recipient refuses to reschedule the interview and continues his or her non-cooperative behavior, you should terminate the interview and take action to terminate or deny assistance for a failure to cooperate with AFDC program requirements.

2120 VERIFICATION

Verification is the process of obtaining confirmation of an oral or written declaration of an applicant or recipient relevant to the determination of eligibility or calculation of a grant amount. Verification of statements affecting AFDC eligibility or the calculation of an AFDC grant is made in order to:

- Avoid errors in payment;
- Guard against fraud;
- Establish those facts which are critical to AFDC eligibility;
- Resolve eligibility issues when there is conflicting evidence in a case; and
- Maintain and enhance the confidence of the public in the AFDC program and the Department.

Verification is required when:

- The Department determines that verification is necessary to ensure the efficient administration of the progam; and when
- Information available to you about the applicant's or recipient's circumstances is contradictory, inconsistent or incomplete.

A summary of the eligibility factors for which the Department currently requires verification at application and redetermination is given in Chart 2120. The specific verifications acceptable for each eligibility factor are listed in the Case Action Guide in Part IV of this Handbook and in the associated Manual section in which the specific eligibility requirement is described. Only those verifications listed in these sections are acceptable unless you find that they are insufficient to resolve information that is contradictory, inconsistent or incomplete; in such cases, you may require verification not specified in this Handbook or the Manual.

A. Responsibility for Verification

Applicants and recipients have the primary responsibility for obtaining the required verifications, although the Department must try to assist those who are mentally or physically handicapped. The Department is responsible for clearly informing the applicant or recipient

- The purpose for which verification is requested;
- What verifications are required;
- What verifications are acceptable;

Manual Reference: 302.300

- Where and how to obtain the required verifications or where to find out how they may be obtained;
- When (s)he must supply the required verifications; and
- That (s)he should let you know if (s)he is having difficulty obtaining the verification.

The verifications for each eligibility requirement are given in the section of the Handbook where the requirement is described. You must advise the applicant or recipient that any of the listed verifications for a given eligibility requirement is acceptable unless the Handbook states that one is preferred. In that case, you may accept another source of verification only if the preferred one cannot be obtained after reasonable efforts by the applicant or recipient.

Failure to cooperate with the Department's verification requirements is grounds for the denial or termination of assistance. See CSG 2121: Provision of Verification of Continuing Eligibility and CSG 2131 Appearance at Scheduled Redetermination Appointments.

B. Collateral Contacts

Collateral contacts occur when anyone other than the applicant or recipient is contacted to provide verification of eligibility. Each time you contact anyone other than the applicant or recipient to verify something you must have the written consent of the applicant or recipient. See 106 CMR 100-108, Fair Information Practices.

If the applicant or recipient does not grant permission to make a collateral contact, and does not personally furnish satisfactory verification, the application or request for a grant increase must be denied or the case closed, as appropriate. See CSG 2121: Provision of Verification of Continuing Eligibility and CSG 2131 Appearance at Scheduled Redetermination Appointments.

Before taking action, you must inform applicants and recipients of the consequences of their decisions, and of the right to reapply if they later change their minds.

C. Recording Verification

Verification of a declaration must be placed in the case record. Either the original document or a photocopy may be used. Generally, you should return original documents to the applicant or recipient and make a copy of the case record.

- If you make a copy, you must provide a signed and dated certification on the copy that it is an authentic reproduction of the original.

- If the applicant or recipient presents a copy, examine it carefully. If it leaves the authenticity of the original document in doubt, have the applicant or recipient submit the original or other acceptable verification.

- If the verification is by collateral contact, you must record the person contacted, the information verified, the date, and your name in the case record.

- If the verification is by worker observation, you must record it in the appropriate place on the AP-1 or AP-2 with your signature and the date of verification. For example, sight verification of bank accounts at redetermination is recorded by an AP-2 signed (or initialed) and dated by the worker in the bank account section.

When it is not possible to photocopy a document because removing it from the home would seriously inconvenience the applicant or recipient, record the verification by making an abstract or summary of the document. The abstract must include the title, the sources, the date, your name, and the date the abstract is made.

Verifications of unearned income (except Social Security) and bank accounts must be dated within 45 days of the redetermination or application. Verifications of school attendance of children aged 16 to 20 must be dated within 45 days of redetermination or application unless redetermination or application occurs during the summer months, when verifications dated in the final month of the preceding school year are also acceptable.

CHART 2120 VERIFICATIONS REQUIRED FOR CASE RECORD

VERIFICATIONS OF CATEGORICAL REQUIREMENTS	Verification Need Only Be Obtained Once	Reverification Required
1. Verification of applicant's or recipient's identity	X	
2. Proof of age of each dependent (CAG 4011)	X	
3. Verification of school attendance for all dependents 16-20 (CAG 4013 and CAG 4523)*		X
4. Verification of pregnancy (CAG 4014)		X
5. Proof of relationship to grantee of each dependent (CAG 4020)	X	
6. Verification of residence (rent receipt, lease, etc.) (CAG 4040)		X
7. Verification of alienage status (CAG 4050)	X	
8. Proof of SSN application for each person without a number (CAG 4060)		X
9. Verification of death (CAG 4072)	X	
10. Verification of continued absence (CAG 4071)		X
11. Verification of incapacity (CAG 4073)		X
12. Proof of application for Unemployment Compensation (CAG 4074)	X	
13. Verification of cooperation with CSEU (Forms A-30, A-32, A-34, A-36 completed and contained in the case record for each absent parent) (CAG 4600)	X	
14. Verification of Good Cause Claim (CAG 4612)		X
15. Proof of WIN registration for each non-exempt member of unit (CAG 4500)	X	

* must be dated within 45 days of redetermination unless redetermination occurs during summer, when verifications dated in final month of preceding school year are also acceptable.

VERIFICATIONS OF CATEGORICAL REQUIREMENTS	Verification Need Only Be Obtained Once	Reverification Required
16. Verification of WIN exemption status (CAG 4520)		X
17. Referral to Mass. Rehabilitation Commission (CAG 4520)	X	
18. Consent to third party assignment (Form A-16) (CAG 4880)	X	

VERIFICATIONS OF INCOME	Verification Need Only Be Obtained Once	Reverification Required
1. Verification of wages, income from self-employment, rent from real estate, income from roomers and boarders (CAG 4330)		X
2. Verification of business expenses (CAG 4333)		X
3. Verification of work related expenses (for verifiable items only) (CAG 4340)		X
4. Verification of unearned income (Social Security, Unemployment Compensation, Workmen's Compensation, Railroad Retirement, Veteran's Benefits, etc.) (CAG 4350)*		X
5. Verification of development of other benefits (CAG 4860)	X	
VERIFICATIONS OF ASSETS		
1. Verification of bank accounts, joint accounts, available trust funds (CAG 4200, 4212) **		X
2. Verification of the unavailability of trust funds (CAG 4212)	X	
3. Verification of Life Insurance face value (CAG 4218)	X	

* Except for Social Security, must be dated within 45 days of redetermination

** Must be dated within 45 days of redetermination

VERIFICATIONS OF INCOME	Verification Need Only Be Obtained Once	Reverification Required
4. Verification of Life Insurance cash surrender value (for policies with face value in excess of $2,000) (CAG 4218)		X
5. Verification of all other countable assets (CAG 4210)		X

2121 PROVISON OF VERIFICATION OF CONTINUING ELIGIBILITY

Recipients must provide all verifications necessary to determine continuing eligibility within ten days of the request. Failure to provide the verifications will be considered failure to cooperate and may result in termination of, or reduction in, assistance.

The following steps explain how to notify a recipient of the need for verifications and what to do if they are not provided within the specified time.

Step 1: Give or send to the recipient a Verification Checklist (see 2121-4) with the appropriate boxes checked. Make sure that you use only the blue verification checklist (VC-3) for this purpose. The due date for the return of the verification(s) is the tenth day following the date of issuance of the form. The checklist must be signed and dated by the worker. A copy must be kept in the case record until all the requested verifications are receieved.

The Verification Checklist informs the recipient that within ten days (s)he must either:

- provide the requested verification(s); or
- notify the office that there is a valid reason (see below) why (s)he cannot provide the verifications within the required time.

Valid reasons for not providing timely verifications are limited to the following:

- lack of cooperation or delay by a third party (bank, employer, vital statistics office, etc.);
- failure to send a timely Verification Checklist (VC-3); and
- illness or incapacity of the recipient or other family member.

Step 2: If the verifications are sent or brought in, complete the redetermination. Discard the case copy of the Verification Checklist.

If you do not receive all the verifications, but the recipient gives a valid reason for their absence, go to Step 3.

If you do not receive either the verifications or a valid reason for their absence, go to Step 8.

Step 3: If the reason for the requested extension is submitted in writing, attach it to the Verification Checklist and retain it in the case record. Go to Step 4.

If the reason is given orally, either in person or over the telephone, record it on the case copy of the Verification Checklist and recommend that the recipient provide the reason in writing. Go to Step 4.

Step 4: If the recipient claims that the verifications are delayed because a third party will not cooperate, the recipient must sign a Collateral Contact Authorization (Form CC) so that the worker can contact the specified sources to get the missing verifications. Use of the Collateral Contact form does not relieve the recipient of the responsibility to provide other verifications which do not require the worker's assistance. Go to Step 7.

If the reason for the requested extension is not lack of cooperation by a third party, go to Step 5.

Step 5: Grant an extension of ten calendar days to the original time limit. Emphasize to the recipient that this will be the only extension granted. Send an updated copy of the Verification Checklist to the recipient. Keep one copy of the updated checklist along with the copy of the original checklist in the case record. Go to Step 6.

Step 6: If you receive the verifications, complete the redetermination. Discard the case copy of the Verification Checklist.

If the recipient does not provide the verifications and does not provide a valid reason for their absence, go to Step 8.

If the recipient is unable to provide the verification but provides a valid reason for this delay, (s)he must sign a Collateral Contact Authorization (Form CC). Go to Step 7.

Step 7: If the recipient refuses to sign a Collateral Contact Authorization form, close the case (see CAG 4730: Case Closings and Reductions with Advance Notice). Go to Step 9.

If the recipient signs the Collateral Contact Authorization form, attempt to get the missing verifications from the specified sources. If you get them, complete the redetermination. If you cannot get the verifications from the specified collateral contacts within 30 days of the original request, continue your efforts to obtain the verifications. Take no adverse action against the recipient.

Step 8: If the missing verifications affect WIN status, treat the case as a failure to cooperate with WIN. See CSG's 3150 and 3151.

If the missing verifications concern financial eligibility, close the case (see CAG 4730: Case Closing and Reductions with Advance Notice). Go to Step 9.

If the missing verifications are non-financial, but are necessary to determine the eligibility of the entire assistance unit (e.g., proof of incapacity in an AFDC-Incap. case, or a birth certificate for an only dependent), close the case (see CAG 4730: Case Closings and Reductions with Advance Notice. Go to Step 9.

If the missing verifications are non-financial and do not affect the eligibility of the entire assistance unit, remove from the grant those recipients whose eligibility depends on the missing verifications (see CAG 4730: Case Closing and Reductions with Advance Notice). Examples of such verifications are: birth certificates or social security numbers for one or more but not all of the dependents in the assistance unit. Go to Step 9.

Step 9: If the missing verifications are received before the effective date on the NFL, call the RDCU, have the NFL pulled, and complete the redetermination.

If the missing verifications are received after the effective date on the NFL, go to Step 10.

Step 10: If the verifications are received after the effective date, but less than thirty days after the date of actual closing, complete the redetermination. If the case is eligible, re-open it as of the day the verifications are received, or the date of closing, whichever is later.

If the case has been closed for more than thirty days when the verifications are received, refer the client to EPU to reapply.

If missing verifications are received after a grant has been reduced, complete the redetermination. Adjust the grant according to the results of the redetermination retroactive to the day the verifications are received, or the date the grant was reduced, whichever is later.

Manual Reference: 302.311

MASS. DEPT. OF PUBLIC WELFARE VERIFICATION CHECKLIST

CSAO/WSO______________________ DATE ______________________

NAME__________________ ADDRESS______________ CITY/TOWN____________

In order to determine your continuing eligibility for AFDC, the Department requests that you provide the following verifications by __________. Failure to provide the required verifications or to contact your worker by this date may result in termination of your AFDC benefits.

If you have difficulty in obtaining these verifications or are delayed, contact your social worker at _______________.

____
FINANCIAL ASSISTANCE WORKER

I. CATEGORICAL VERIFICATIONS

REQ REC

___ ___ Proof of applicant's identity

___ ___ Rent receipt, lease agreement, or mortgage statement

___ ___ Written statement from authorized medical authority to verify pregnancy

___ ___ Proof of age and relationship of each child to applicant.
Specify______________________________

___ ___ Other proof needed to establish relationship to children.
Specify______________________________

___ ___ Proof of school enrollment and attendance for children ages 16-20.
Specify______________________________

___ ___ Social Security number for all persons seeking assistance
Specify______________________________

___ ___ Form Enum-2 completed by Social Security Office or other proof of application for an SSN

___ ___ Citizenship papers, Alien Registration card, Arrival/Departure records, other official documentation
Specify______________________________

___ ___ Out-of-State case closing letters

___ ___ Other______________________________

II. DEPRIVATION VERIFICATIONS

___ ___ Death certificate for______________________________

___ ___ Marriage license or paternity order

___ ___ Complete Form A-35 "Acknowledgement of Paternity"

___ ___ Proof of work history (verifications such as receipt of or eligibility for Unemployment Compensation or statements from previous employers)
Specify______________________________

___ ___ Proof of continued absence

  ___ ___ Court decrees

  ___ ___ Absent parent's rent receipt, lease, or employer's records

  ___ ___ Written statement from social worker, clergyman, employer

  ___ ___ Complete Form [illegible] "Affidavit of Parental Absence"

  ___ ___ Other______________________________

[illegible]

REQ REC

___ ___ Statement from authorized medical authority on nature and length of disability, or proof of receipt of SS disability or SSI disability

___ ___ Complete Mass. Rehabilitation referral form

___ ___ Complete Form A-16

III. ASSETS

___ ___ Bank books or bank statements (including savings, checking, or special purpose accounts for all persons seeking assistance)
Specify___________________

___ ___ Value of life insurance policies
Specify___________________

___ ___ Written statement from 3 reliable dealers of worth of the following (unless listed in NADA book in the case of an automobile):

second car___ trailer___ boat___ snowmobile___ other___________

___ ___ Proof of a loan for the purchase of any of the above

___ ___ Stocks, bonds, trust instruments
Specify___________________

___ ___ Other___________________

IV. INCOME

___ ___ 3 consecutive current weeks' pay stubs, or equivalents, if not paid weekly, such as pay envelopes or written statement from employers giving gross wages and specifying deductions

___ ___ If self-employed - verification of income and business expenses

___ ___ Rental income, or income from roomers or boarders

___ ___ Proof of work related expenses
Specify___________________

___ ___ Other___________________

Unearned Income

___ ___ Social Security - copy of award letter or check

___ ___ S.S.I. - copy of award letter or check

___ ___ Child Support/Alimony - court order, copy of agreement, copy of check

___ ___ Unemployment Compensation - copy of award letter or check

___ ___ In-kind income verifications
Specify___________________

___ ___ Other___________________

V. REFERRALS

___ ___ Completed WIN-1 form - ___________________

___ ___ Completed Support forms (A-32, A-34, A-36)___________________

___ ___ Referral to CSEU ___________________

___ ___ Social Security Office - Address___________________

Enum-2___ Benefits___ SSI Benefits___ AP-SSI-1___

___ ___ Unemployment Office - Address ___________________

Benefits ________ Work history________2933 (registration)_____

___ ___ Other___________________

2130 HOME VISITS

Your responsibility to determine initial and continuing eligibility of an applicant or recipient and to verify certain factors may require that a home visit be made at application and redetermination.

Home visits provide the opportunity to conduct the interview in an environment familiar to the applicant or recipient as well as obtain information that is not always available in an office interview. The home visit, therefore, has the following advantages:

- The home visit provides a relaxed and unthreatening atmosphere for discussion of AFDC eligibility requirements, verification, and other services; and
- you can verify certain categorical eligibility requirements such as place of residence, and that the child lives with the specified relative.

A home visit first requires that you schedule an appointment for the visit with the applicant or recipient. You should never arrive unexpectedly at the home of an applicant or recipient. When the appointment is made, inform the applicant or recipient what you plan to do while in the home.

2131 APPEARANCE AT SCHEDULED REDETERMINATION APPOINTMENTS

In order to determine continuing eligibility, the Department schedules redetermination appointments in the office or in special situations in the recipient's home. Recipients are responsible for keeping these appointments. If a recipient cannot keep an appointment, (s)he must notify the worker before the appointment, reschedule and keep the new appointment.

Failure to either meet these responsibilities or to provide a valid reason for not doing so will be considered unreasonable failure to cooperate and may result in the termination of assistance.

The steps below explain how to schedule a redetermination appointment and what to do if the recipient does not keep the apointment.

Step 1: Send Form AL-1, or AL-2: Appointment Letter (see 5035 and 5036) to the recipient, allowing seven days notice before the date of the appointment. Keep one copy of the appointment letter in the case folder. This letter informs the recipient that (s)he must either:

- keep the appointment; or
- contact the worker before the appointment to reschedule it.

Step 2: If the recipient keeps the appointment, redetermine eligibility. Discard the case copy of the appointment letter.

If the recipient notifies you that (s)he cannot keep the appointment, negotiate with the recipient a mutually convenient time within 10 calendar days of the original appointment to reschedule it. Inform the recipient that this is the only rescheduling which will be granted without provision of a valid reason. Go to Step 3.

If the recipient does not contact you and does not keep the appointment, go to Step 7.

Step 3: Send the recipient a second appointment letter. Keep one copy of the letter in the case folder. Record the reason for the rescheduling on the case copy of the appointment letter. Go to Step 4.

Step 4: If the recipient keeps the rescheduled appointment, redetermine eligibility. Discard all copies of the appointment letter.

If the recipient contacts you and asks to reschedule the appointment a second time, go to Step 5.

If the recipient does not keep the appointment and does not contact you, go to Step 7.

Step 5: The recipient must provide a valid reason for a second rescheduling of an appointment. The only valid reasons for not keeping an appointment are:

- illness or incapacity of the recipient or other family member; and
- failure to send a timely AL-1 or AL-2

If the recipient provides a valid reason for rescheduling the appointment, do so and go to Step 6.

If the recipient does not provide a valid reason for an extension, (s)he must keep the original appointment. Go to Step 6.

Step 6: If the recipient keeps the appointment, redetermine eligibility. Discard all copies of the appointment letter.

If the recipient does not keep the appointment, go to Step 7.

Step 7: Close the case (see CAG 4730: Case Closings and Reductions with Advance Notice). The reason for closing is "unreasonable failure to cooperate with the eligibility process." Go to Step 8.

Step 8: If the recipient gives a valid reason for not having kept the appointment after the notice of adverse action has been sent, but before the effective date on the NFL, reschedule the appointment for a time before the effective date. Go to Step 9.

If the recipient gives a valid reason for not having kept the appointment after the effective date on the NFL, but less than thirty days after the date of closing, schedule another appointment. Go to Step 10.

If the recipient contacts you about the appointment after the case has been closed for more than thirty days, refer him/her to EPU to reapply.

Step 9: If the recipient keeps the appointment, redetermine eligibility. Call Data Processing Unit (DPU) and have the NFL pulled.

If the recipient does not keep the appointment, let the case closing go through (do not hae the NFL pulled).

Step 10: If the recipient appears for the appointment, conduct the redetermination. If (s)he is eligible, re-open the case retroactive to the day the appointment is kept.

If the client is not eligible, or does not keep the appointment, the case remains closed.

Manual Reference: 301.440

Step 5: The recipient must provide a valid reason for a second rescheduling of an appointment. The only valid reasons for not keeping an appointment are:

- illness or incapacity of the recipient or other family member; and
- failure to send a timely AL-1.

If the recipient provides a valid reason for rescheduling the appointment, do so and go to Step 6.

If the recipient does not provide a valid reason for an extension, (s)he must keep the original appointment. Go to Step 6.

Step 6: If the recipient keeps the appointment, redetermine eligibility. Discard the case copy of the appointment letter.

If the recipient does not keep the appointment, go to Step 7.

Step 7: Close the case (see CAG 4730: Case Closings and Reductions with Advance Notice). The reason for closing is "unreasonable failure to cooperate with the eligibility process." Go to Step 8.

Step 8: If the recipient gives a valid reason for not having kept the appointment after the notice of adverse action has been sent, but before the effective date on the NFL, reschedule the appointment for a time before the effective date. Go to Step 9.

If the recipient gives a valid reason for not having kept the appointment after the effective date on the NFL, but less than thirty days after the date of closing, schedule another appointment. Go to Step 10.

If the recipient contacts you about the appointment after the case has been closed for more than thirty days, refer him/her to EPU to reapply.

Step 9: If the recipient keeps the appointment, redetermine eligibility. Call RDCU and have the NFL pulled.

If the recipient does not keep the appointment, let the case closing go through (do not have the NFL pulled).

Step 10: If the recipient appears for the appointment, conduct the redetermination. If (s)he is eligible, re-open the case retroactive to the day the appointment is kept.

If the client is not eligible, or does not keep the appointment, the case remains closed.

Manual Reference: 301.440

The Commonwealth of Massachusetts
Department of Public Welfare
600 Washington Street, Boston 02111

WILLIAM T. HOGAN, JR.
Commissioner

CSAO/WSO______________________

DATE:______________________

NAME______________________________

ADDRESS____________________________

CITY/TOWN__________________________

In order to determine your continuing eligibility for AFDC, the Department has scheduled:

___ An office appointment with you on ________ at ________ o'clock.

___ A home visit with you on __________ between _____ and_____.

Please bring to the meeting the following:

- a current rent receipt (or mortgage receipt)
- current fuel and utility bills
- your three (3) most recent pay stubs (if you are working)
- bank books for all accounts (checking and savings) for all members of your household.
- other____

If you cannot keep this appointment, contact your social worker at __________, before the date of the appointment. Failure to attend this meeting or to contact your worker by the above date may result in termination of your AFDC benefits.

____
Financial Assistance Worker

AL-1 (6/80)

2200 APPLICATIONS

The application process consists of all the activities conducted for the purpose of determining the eligibility of an AFDC applicant. These activities are initiated with the filing of an application and concluded with the final disposition of the application.

The Department is responsible for responding to requests for assistance as quickly as possible. Specifically, the Department must meet the following timeliness requirements:

- It must ensure that all individuals who request assistance have an opportunity to file an application for AFDC without delay;
- It must meet the immediate needs of applicants who appear to be eligible for AFDC within 24 hours of the filing of an application, even if the intake interview cannot be held immediately; and
- For applicants who provide all verifications within 22 days of the date of application, it must process the applications and complete the appropriate notification form letters and turnaround documents (if necessary) so that a check or denial letter may be mailed by the 30th day following the date of application.
- For applicants who have not provided all verifications within 22 days of the date of application, it must grant an 8 calendar day extension with an additional extension to be granted under certain circumstances for applicants to obtain and provide all the necessary verifications. The Department must make a determination of eligibility in these cases so that a check or notice of denial is mailed within 8 calendar days of the receipt of all verifications.

Applicants must cooperate in providing the information and verifications needed by the worker to determine eligibility for AFDC. They must also comply with the procedural requirements (such as WIN registration) for establishing AFDC eligibility.

The following sections explain the application process and its time standards in more detail:

2210: Initiating the Application

2220: The Intake Interview

2221: Verification Checklist

2230: Determining Eligibility

2231: Income Information to be Used at Intake

2240: Concluding the Application Process

2211 OBLIGATION OF APPLICANTS

Any individual included in an assistance unit applying for AFDC, regardless of whether (s)he is a mandatory WTP registrant, must provide the AFDC worker with information on any employment (s)he may have held within the 60 days immediately prior to application for AFDC. If such an individual terminated employment or reduced earnings, without Good Cause (See CAG 4555 Good Cause), within 60 days prior to his or her AFDC application, (s)he is ineligible for AFDC for 60 days from the date (s)he terminated his or her employment or reduced his or her earnings.

- If it is the principal earner in an AFDC-UP Unit who reduced his or her earnings or terminated his or her employment, the entire assistance unit shall be ineligible for 60 days from the date of termination or reduction.

- If it is the only dependent child in an assistance unit, the entire assistance unit shall be ineligible for 60 days from the date of termination or reduction.

- If it is any other individual in the assistance unit who reduced his or her earnings or terminated his or her employment, that individual shall be ineligible for 60 days from the date of reduction or termination.

  Example 1:

  An individual who is a principal earner applies for AFDC on June 4 and states that he quit a job on April 21. His entire assistance unit is ineligible for AFDC until June 20 unless he can demonstrate Good Cause for having left the job.

  Example 2:

  An assistance unit containing only one dependent child applies for AFDC on September 10. The dependent child is employed but reduced his earnings on July 20. The entire assistance unit is ineligible for AFDC until September 18 unless the dependent child can demonstrate Good Cause for having reduced his earnings.

Verification

Any individual who states that (s)he was employed within the 60 days prior to application must provide the following.

- If the individual is still employed, wage stubs or a written statement from the employer showing wages received during the 60 day period. This is necessary to determine if there has been a reduction in earnings; or

- if the individual is no longer employed, documentation from the former employer indicating the date employment was terminated and the reason for the termination.

The Department may use collateral contacts with the Department of Revenue, the former employer or other governmental agencies to determine the employment status of an individual.

Good Cause

If an individual who has been employed within 60 days prior to the date of application claims he had Good Cause for reducing his earnings or terminating his employment, it is the responsibility of the AFDC worker to determine if such claim is valid. See CAG 4555: Good Cause for instructions on how to make this determination.

2220: THE INTAKE INTERVIEW

During the intake interviews the worker or Department representative is to do the following:

Within 24 hours:

- identify the program requirements that the applicant must comply with to establish AFDC eligibility;
- explain the general nature and benefits of the AFDC program;
- explain the application process time frames;
- explain that applicant names and Social Security numbers will be computer matched against the files of other agencies.
- read the AP-1 Part A to the applicant for his/her signature (see CAG T-2201); and
- ask the applicant about and make provisions to meet his/her immediate needs.

Within seven days:

- gather the facts required to determine eligibility by completing the AP-1 and any supplements;
- inform the applicant of his/her rights and responsibilities;
- identify the verifications that the applicant must provide to document his/her statements using the Verification Checklist (VC-1), and discuss the required verifications so that the applicant understands what must be supplied and where to obtain the verifications; and
- inform and refer the applicant to other programs or agencies as appropriate.

Every potential applicant must have the contents of AP-1 Part A read to him/her within 24 hours of the request for assistance. See CAG T-2201. Make a third copy of this form and complete the section marked "For Department Use Only". If the space marked Code Type is blank, place an A in it. If the applicant's spouse is in the home and will be included in the AFDC grant, complete the bottom line with the spouse's name and Social Security number. The spouse need not sign the AP-1 Part A. If the applicant does not know the spouse's Social Security number, the applicant must call to report this information as soon as possible. Give this form to the Data Control Clerk to process for computer matching. If a dummy number is used because the applicant (and/or spouse) does not have a Social Security number, or if the applicant is a non-legally liable relative who will not be included in the grant, do not submit the AP-1 Part A to the Data Control Clerk. Be sure to give the applicant an NTP-1 form at the same contact the AP-1 Part A is signed.

The AP-1 and supplements and the Verification Checklist should be filled out during the interview. The AP-1 is the primary document used to record the applicant's statements and to determine eligibility for AFDC. The applicant's particular situation and reasons for applying determine what verifications are required, what procedural requirements must be complied with and what referrals are necessary. You must ensure that all questions on the AP-1 are asked and the response is recorded, however, you should not limit the interview to only those questions. Some responses by the applicant may indicate that you should explore certain subjects further. If there are any inconsistencies in the applicant's statements, you should require additional information or verification or initiate a collateral contact.

The Verification Checklist (see Section 2221: Verification Checklist) is the form used to summarize and to notify the applicant of the verifications and procedural requirements necessary to complete the application. If for some reason the checklist is not filled out at the intake interview, a copy of the checklist with the required verifications so indicated must be sent or given to the applicant as soon as possible, but no later than 7 days from the date of application.

If the information on the AP-1 Part A matches with the computer files of certain other agencies, a Client Identification Page (CIP) will be printed. The CIP will be given to the worker responsible for the case. Refer to CAG 2500: Computer Matches for more information.

2220 THE INTAKE INTERVIEW

During the intake interview the worker is to do the following:

- Identify the program requirements that the applicant must comply with to establish AFDC eligibility;
- Explain the general nature and benefits of the AFDC program;
- Explain the application process timeframes;
- Inform the applicant of his/her rights and responsibilities;
- Gather the facts required to determine eligibility (the facts are gathered by completing the AP-1);
- Identify the verifications that the applicant must provide to document his/her statements using the Verification Checklist (VC-1), and discuss the required verifications so that the applicant understands what must be supplied and where to obtain the verifications;
- Inform and refer the applicant to other programs or agencies, as appropriate; and
- If the interview is held at the time of the applicant's request for assistance ask the applicant about and make provisions to meet his or her immediate needs.

The AP-1 is the primary document used to record the applicant's statements and to determine eligibility for AFDC. The applicant's particular situation and reasons for applying determine what verifications are required, what procedural requirements must be complied with and what referrals are necessary. The Verification Checklist (see Section 2221: Verification Checklist) is the form used to summarize and to notify the applicant of the verifications and procedural requirements necessary to complete the application.

The AP-1 and Verification Checklist should be filled out during the interview. However, if for some reason the checklist is not filled out at this time, a copy of the checklist with the required verifications so indicated must be sent or given to the applicant as soon as possible, but no later than 7 days from the date of application.

You must ensure that all questions on the AP-1 are asked and the response is recorded, however,you should not limit the interview to only those questions. Some responses by the applicant may indicate that you should explore certain subjects further. If there are any inconsistencies in the applicant's statements you should require additional information or verification or initiate a collateral contact.

2221 VERIFICATION CHECKLIST

The Verification Checklist (VC-1) (see Section 5680; VC-1: AFDC Verification Checklist) is designed to facilitate the collection of the necessary documentation so that a determination of eligibility can be completed as soon as possible. The Verification Checklist contains a list of required verifications categorized by type: I. Categorical Verifications, II. Deprivation Verifications, III. Assets, IV. Income, Earned and Unearned and V. Referrals. The referral section provides a place to indicate other units or agencies to which the applicant must be referred. The Checklist shall be completed by the intake worker during the intake interview in which the AP-1 is completed; see Section 2220: The Intake Interview. If for some reason the Checklist is not completed at the intake interview, it must be completed and sent to the applicant as soon as possible, but no later than 7 days from the date of application.

The following describes how the Checklist should be completed:

At the top of the form, the worker should fill in the spaces for the applicant's name and address, and the date of application. A space is also provided for the date of a home visit.

Between the heading and the body of the form, is a brief statement explaining to the applicant the purpose of the Checklist. The worker should review this statement with the applicant to insure that (s)he understands:

- the purpose for which verification is requested;
- the applicant's primary responsibility for obtaining the required verification, and
- that the applicant should let the worker know if (s)he is having difficulty obtaining the verification.

  (See Section 2120: Verification.)

The worker should complete the body of the checklist when completing the AP-1. As verifications required will vary from one applicant to another, two rows of boxes are included on the form. The left-hand column of boxes, labeled REQ (Required), provides the place for the worker to indicate what verifications are required of that applicant. (A line is provided after certain items where more specific instructions can be written. For example, if Social Security numbers (SSN's) are needed for two of five children, the worker can fill in the names of the children for whom an SSN is needed.) The right-hand column of boxes, labeled REC (Received), provides the place for the worker to check off outstanding verifications as they are received from the client.

At the conclusion of the interview, the worker should review the checked boxes to insure that the applicant understands:

- what verifications are required;
- what verifications are acceptable;

- how to obtain the required verifications or where to find out how they may be obtained;
- when (s)he must supply the required verifications; and,
- the process for requesting an extension should (s)he need additional time to obtain and submit the verifications.

(See Section 2120: Verification.)

The worker should fill in the date verifications are due in the space provided in the introductory statement of the Checklist. Verifications must be submitted within twenty-two (22) days from the date of application in order for an initial check to be mailed by the 30th day. If the 22nd day falls on a week-end or holiday, the worker should use the last preceding work day. The worker should also fill in his/her telephone number in the space provided so that the applicant can call if the applicant is having difficulty obtaining verifications.

The intake worker shall place a copy of the Verification Checklist in Section I of the Case Record Folder.

2230 DETERMINING ELIGIBILITY

In order to complete the AFDC application, the applicant must

° Provide the necessary verifications;

° Comply with Department policy and procedural requirements; and

° Explore eligibility for other financial assistance programs as required.

Once the applicant has completed these activities you must determine eligibility by comparing the facts to the AFDC eligibility tests.

This section describes the time requirements for applicant and Department activities in the application process; the process for determining eligibility; and the process for granting extensions to the applicant who does not provide the required verifications within 22 days of the date of application.

For those applicants who provide all of the required verifications within 22 days of the date of application, the determination of eligibility must be completed so that the first check or notice of denial is mailed within 30 days of the date of application.

Applicants who do not provide verification within 22 days of the date of application shall receive an 8 calendar day extension with an additional 15 calendar day extension to be granted under certain circumstances.

NOTE: These extensions are granted only for applicant delays in providing verification not for delays in meeting other procedural requirements such as referral to CSEU or registration for WIN.

The following sets forth the step-by-step procedures for implementing the above:

A. INTAKE

Step 1: Conduct the intake interview completing the AP-1, and the Verification Checklist (VC-1) (see Sections 2220 and 2221), which notifies the applicant of the Department's and the applicant's responsibility for meeting the time standards. The Verification Checklist should be given to the applicant during the intake interview. If, for some reason, the applicant does not receive the checklist then, it must be sent to the applicant no later than seven (7) days from the date of application. Go to Step 2.

Step 2: By the 22nd day following the date of application, assess the applicant's compliance with the verification requirements.

° If the applicant has met all the verification requirements, go to Step 3.

° If the applicant has not met all the verification requirements, go to Step 6.

Step 3: Conduct the AFDC eligibility tests.

There are three tests of AFDC eligibility:

° The tests of categorical eligibility described in CAGs 4000 - 4075

° The asset test of financial eligibility described in CAG 4200.

° The income test of financial eligibility at application described in CAG 4301. For guidelines on determining what income information to use at intake, see Section 2231: Income Information to be Used at Intake.

If the applicant fails to meet any of of the eligiblity tests, go to Step 5.

If the applicant is eligible after the AFDC eligibility tests have been conducted you must calculate the grant amount in accordance with CAG 4400: Calculating the Grant Amount.

° If the applicant is eligible, go to Step 4.

° If the applicant is ineligible, go to Step 5.

Step 4: Approve the application. Determine eligibility for food stamps, if applicable; see Food Stamp Manual, and FSPM #1. Determine the start date. The start date for the grant is the date of the application if the assistance unit meets the categorical and financial tests of eligibility on that date. If it does not meet any one of the eligibility tests as of the date of application, the start date for the grant is the date the unit meets the requirements of all eligibility tests.

Complete the TD: see Appendix II: Using the Turnaround Document. Further, if the case was not processed by the 22nd day because of applicant delay, place code F beside Block 35 on the TD.

Complete and mail the NFL-4 (see Section 5004: Using the NFL-4). The worker must process the application so that the first check is received within 8 calendar days of the receipt of all verifications.

NOTE: If the applicant provides the required verifications prior to the expiration of the initial 22 day time frame, the Department must mail a check as soon as possible but in no event later than the 30th day.

Step 5: Deny the application. Complete and mail the NFL-5 (see Section 5005: Using the NFL-5). Determine food stamp eligibility, if applicable; see Food Stamp Manual and procedures.

B. EXTENSIONS

Step 6: Complete 3 copies of the INT-1 (see Section 5681: INT-1: Verification Extension Notice #1). Mail the original and one copy to the applicant informing the applicant that (s)he has an additional 8 calendar days in which to provide missing or incomplete verifications or to notify the Department of continuing difficulties in obtaining these verifications; and that (s)he may request an additional 15 calendar day extension. Retain a copy of the INT-1 in the case record.

When the applicant provides all verifications or requests an additional 15 calendar day extension or at the expiration of the 8 calendar day extension, go to Step 7.

Step 7: Determine whether the applicant has met the verification requirements.

° If the applicant has met the requirements, go back to Step 3.

° If the applicant has not met the requirements, but has notified the Department, in writing, preferably by using the reverse side of the INT-1, of having difficulties in obtaining verifications, review Food Stamp eligibility in accordance with the Food Stamp Manual, and FSPM #1, and go to Step 8.

° If the applicant has not met the requirements and has not notified the Department of having difficulties in obtaining the verifications within the time frame, go back to Step 5.

Step 8: Determine whether the applicant's request for an additional 15 calendar day extension is reasonable. The most common reasons for granting an extension include, but are not limited to:

(1) the verification is dependent on a third party and the applicant has taken all necessary steps on his or her part to obtain it;

(2) demonstrated serious illness or incapacity of the applicant or other family member has delayed provision of the required verifications.

° If the applicant's request is approved, go to Step 10.

° If the applicant's request is not approved, go to Step 9.

Step 9: Deny the request for an extension and deny the application for unreasonable failure to cooperate with the application process. Use the NFL-5 (see Section 5005: Using the NFL-5) to indicate the reasons for denying both the request for an extension and the application.

Step 10: Determine the date by which the applicant must provide all the required verifications. The 15 calendar day extension begins the day following the expiration of the 8 calendar day extension. In no event should the elapsed time frame for both extensions exceed 45 days from the date of application.

Inform the applicant of the approval of the request for additional time and the new due date for submitting all required verifications using the INT-2 (see Section 5682: INT-2: Verification Extension Notice #2). Complete 2 copies of the INT-2. The original is sent or delivered to the applicant; the copy is retained in the case folder. Go to Step 11.

Step 11: Determine if the applicant has provided the required verifications by the 45th day from the date of application.

- If the applicant has met all the verification requirements, go to Step 3.
- If the applicant has not met all the verification requirements, go to Step 5.

2231 INCOME INFORMATION TO BE USED AT INTAKE

At intake, as at redetermination, the income test of eligibility and the calculation of the grant are to be based on the most recent income information. See CAG 4131: Rules for Considering Income.

When the applicant's income has recently changed or stopped, it is not always appropriate to use the information about his or her income during the month or three weeks before the date of application in the income eligibility test and grant calculation. This section explains how to determine currently available income in the different income situations that you may encounter at intake.

I. The applicant was recently employed or receiving unearned income but verifies that (s)he has stopped working or receiving unearned income prior to the date of application. In such cases you do not consider any of the income received prior to the application date either in the income test of eligibility or the grant calculation. The start date for the grant is the date of application or the date of eligibility, whichever is later.

II. The applicant expects to receive income after the date of application but will experience a change in that income in the immediate future. In such cases you must use the most recent income information prior to the date of application to determine the income eligibility of the assistance unit as of the date of application. If you determine that the unit is not income eligible as of the date of application, you must reassess income eligibility after the unit's income has stopped or decreased. If the unit then proves to be eligible, the start date for the grant is the day after the income stops or decreases.

If, on the other hand, you determine that the unit's income as of the date of application is less than the Standard of Need, and the unit meets all other eligibility requirements, the start date is the date of application. You should calculate the grant on the basis of the unit's income as of the date of application and re-calculate it when the unit notifies you that the income has stopped or has decreased.

It should be noted that receipt of assistance from another state in the same month as the month of application does not in itself render an assistance unit ineligible for AFDC in Massachusetts. Provided that the prior assistance is being terminated, an assistance unit may be eligible for AFDC even though it has recently received or expects to receive an assistance payment from another state. The benefits from the other state should be considered in accordance with the guidelines described in this section.

The applicant's income has recently changed. If the change involved unearned income or a change in employment status (see CAG 4332: Changes in Employment Status), the determination of eligibility and the grant amount are based on the most recent information that accurately predicts his or her future income even if this is less than a month or three weeks of information. If this is the case you must note in the case record for the ongoing worker to reassess eligibility when three weeks of information is available.

If the change in earnings is not the result of a change in employment status, you must use the most recent earnings information prior to the date of application in accordance with CAG 4330: Verification of Earned Income.
You must note in the case record that the income eligibility test and grant calculation were based on fewer than a month or three weeks of information and must be reassessed by the on-going worker when a month or three weeks of information becomes available.

2240 CONCLUDING THE APPLICATION PROCESS

The application process must be concluded by an approval or denial of assistance unless the applicant voluntarily withdraws his or her application.

A. Approvals

In addition to sending the applicant an NFL-4 (see Section 5004: Using the NFL-4) and submitting a TD to establish the case on the Recipient Master File, approval of an AFDC application involves the following activities:

- Notifying DES/WIN and the Child Support Enforcement Unit, as appropriate, that the application has been approved;
- Issuing a Food Stamp identification card if one has not yet been issued and the case is eligible for food stamps (see Food Stamp Manual);
- Organizing the case record (see CAG 4925: Case Record Organization); and
- Informing the applicant of and recording in the case record for the ongoing worker any follow-up activities that must be completed. Potential follow-up activities may be necessary under the following circumstances:
  - A member of the assistance unit has a temporary WIN exemption;
  - The applicant has applied for a social security number;
  - The applicant has applied for other financial benefits such as Unemployment Compensation or Social Security and is awaiting a decision on the first check;
  - Income eligibility and the grant level have been determined on the basis of fewer than a month or three weeks of income information (see Section 2231: Income Information to be Used at Intake);
  - There are impending changes in the circumstances of the assistance unit, such as a dependent age change, a child leaving school or home, or the return of a parent to work.

B. Denials

In addition to sending the applicant the NFL-5, (see Section 5005: Using the NFL-5) denial of an AFDC application involves the following activities:

- Consideration of the eligibility of the assistance unit for other Department programs; see CAG 4820: Explaining and Making Referrals for Other DPW Programs;

- Notifying DES/WIN and the Child Support Enforcement Unit, as appropriate, that the application has been denied; and
- If the case was opened on the Recipient Master File (in order to issue a temporary MA-ID card or a Food Stamp ATP), submission of a TD to close the case.

C. Withdrawals

An applicant may withdraw his or her application at any time during the intake process. If an applicant wishes to withdraw, ask that (s)he provide you with a signed written statement. Upon receipt of the statement deny aid by completing and mailing the NFL-5 (see Section 5005: Using the NFL-5).

If the applicant does not provide the signed written statement, follow the procedures in Section 2230: Determining Eligibility, for denying assistance.

In either instance, be sure to complete the additional referral and notification activities listed above in Section B for denials.

2300 REDETERMINATIONS

A redetermination is a reevaluation of all eligibility factors to ensure that the assistance unit is still eligible and that the grant level is correct.

A redetermination is considered complete when you have:

- Had a face-to-face interview with the recipient;
- Completed the AP-2 (and a new budget worksheet if there is income);
- Reverified all eligibility factors that are subject to change and checked the current validity of all other verifications;
- Recalculated the grant, if necessary;
- Completed a TD to effect the grant change or closing and to record a notice of review; and
- Obtained your supervisor's signature on the TD.

The following sections describe the steps in the redetermination process:

- Section 2310 - Selecting Cases for Redetermination
- Section 2320 - The Case Record Review
- Section 2330 - The Redetermination Interview and Completion of the AP-2
- Section 2340 - Determining Eligibility
- Section 2350 - Calculating the Grant and Concluding the Redetermination Process

2310: SELECTING CASES FOR REDETERMINATION

The FOR-2 lists the cases to be redetermined each month in the approximate order in which they are to be redetermined. Cases are selected for the FOR-2 report in the following order:

. AFDC and GR cases that (1) have not been redetermined for six months or are in their third month of eligibility, and (2) have deductible income.

. AFDC and GR cases that (1) have not been redetermined for six months or are in their third month of eligibility, and (2) in which significant age changes are taking place.

. GR cases that (1) have not been redetermined for six months or are in their third month of eligibility, and (2) have an error-prone non-employability code.

. AFDC cases that (1) have not been redetermined for six months or are in their third month of eligibility, and (2) include only one dependent or include four or more dependents.

. All other AFDC and GR cases that have not been redetermined for six months or are in their third month of eligibility.

After being selected for the FOR-2, cases are computer matched against files to which the Department has access. When a match occurs, a Client Identification Page (CIP) is printed with the available match data. CIP's are forwarded to local offices with the FOR-2 Disposition Log. The FOR-2 Disposition Log lists each case on the FOR-2 where a match has occurred and shows the agency matched.

Use the FOR-2 report in planning which cases to redetermine and the order in which the redeterminations are done with two exceptions. Redetermine cases with a CIP before you redetermine any other cases on the FOR-2.

The other exception applies when you receive information from a recipient or other source that indicates a need to review a case not listed on the FOR-2 for that month. The rule for determining whether this review should be a full redetermination rather than a case maintenance adjustment is:

. if you can act on the information received and make the necessary eligibility and grant amount adjustment without further information; or,

. you only require verification of the information received, not additional information, in order to make the necessary adjustments; then,

. no redetermination is required.

If this rule leads you to believe that a redetermination is in fact required, discuss with your supervisor the possibility of replacing one of the lesser priority cases on the FOR-2 report with the case you have identified as requiring a redetermination. Such exceptions to the FOR-2 must receive prior approval from your supervisor.

2320 REVIEWING THE CASE RECORD

Before you interview the recipient, you should review the case record. The purpose of the case record review is to:

- Identify the eligibility factors which you will need to focus on during the interview;
- Identify the verifications you will need to obtain from the recipient during or after the interview in order to complete the redetermination; and
- Identify any discrepancies between new information about the past and information recorded in the case record that may indicate the need for a referral to the Bureau of Special Investigations.

A. Identifying Subjects to Focus on During the Redetermination Interview

One of the purposes of the case record review is to identify the subjects to which you will have to pay special attention during the redetermination interview. These subjects include:

- Error-prone characteristics, as determined by statewide Quality Control data. These characteristics are identified in Table 2321: Error-Prone Eligibility Factors; and
- Characteristics of the particular case in which there may have been a change that may affect the case's eligibility. Section 2322: Guide to Redetermination Issues, in conjunction with the AP-2, provides a list of some of the questions and issues you should consider in reviewing the case record and subsequently conducting the redetermination interview.

B. Identifying Needed Verifications

A second purpose of the case record review is the identification of the verifications you will need to obtain from the recipient before completing the redetermination. These verifications are of three types:

- Reverification of eligibility factors that are subject to change;
- Verifications missing from the case record of eligibility factors that are not subject to change; and
- Additional verifications when information available to you from the case record and other sources is inconclusive or conflicting.

While verification of some eligibility factors must be updated for every redetermination, many other verifications, once provided and entered in the case record, do not need to be updated (as long as no changes have occurred for that particular eligibility factor). For example, if valid birth certificates for all eligible children are contained in the case record, you need not obtain the birth records again. However, if the grantee-relative gives birth you must enter that birth certificate into the case record. Although you may not need to reverify certain eligibility factors, you must have verifications for those factors and any verifications for factors that need reverification in the case record before the redetermination can be considered complete.

Chart 2120 (in Section 2120: Verification) will help you determine what verifications should be in the case record by the end of the redetermination. The first column of the chart tells you the eligibility factors for which permanent verification must be entered in the case record. The second column tells you which factors must be reverified at every redetermination. Of course, not every factor is applicable in each case and in special situations you may have to obtain verifications that the chart indicates are only required once.

During your case record review you should use Chart 2120 to:

- Determine which factors need reverification and which do not;
- Confirm that the verifications for factors that do not need to be reverified are in fact in the case record; and
- List all the factors that must be reverified during the current redetermination or for which missing or additional verification must be obtained.

C. Identifying Need for BSI Referral

A third purpose of the case record review is to identify discrepancies between currently available information about past circumstances and information recorded in the case record.

Current information about past circumstances may be available as a result of computer matches. For procedures as to how to determine the need for a BSI referral in these cases, follow the procedures in CAG 2500: Computer Matches.

Current information about past circumstances may be available from a means other than computer matches. If any discrepancies exist in these cases, you should complete a referral to BSI at this point (see CAG 4910: BSI Referrals).

For example, if you have received information that an absent parent was in the home at a time the recipient told you he was not in the home, you should prepare and send a BWA referral before you talk to the recipient. At the interview, you may ask whether the absent parent has returned home, and require verification that he is not in fact currently in the home, but as indicated in Section 2330: The Redetermination Interview, you should refrain from questioning the recipient about the discrepancy in the information about the past.

2321 TABLE OF ERROR-PRONE ELIGIBILITY FACTORS

April - September 1979 Review Period

Eligibility Factor	Percent of All Errors Caused by Factor	Percent of Errors in Factor Caused By Department	Number of Cases With Error in Factor
Earned Income	28.4 %	63 %	34,450
Social Security Number	21.2 %	77 %	25,700
WIN	14.5 %	96 %	17,600
Bank Deposits	6.5 %	16 %	7,900

Percent of all cases in error: 31.9%

2321: TABLE OF ERROR PRONE ELIGIBILITY FACTORS

October 1980-March 1981 Review Period

Eligibility Factor	Percent of Payment Errors Caused by Factor	Percent of Payment Errors in Factor Caused by Department	Number of Cases With Error in Factor
Earned Income	18.6%	28.5%	6,300
Bank Deposits	18.5%	7.9%	2,700
Unearned Income	18.5%	13.7%	3,800
WIN	8.3%	82.1%	3,200

Percent of all cases in error: 20.1%

2322 GUIDE TO REDETERMINATION ISSUES

CATEGORICAL FACTORS

Factor	Focus Area
Dependent Children	Has a child turned 21? Has a child turned 18? Is (s)he attending either a secondary school in grade 12 or below or a course of vocational or technical training (other than a course provided through a college or university)? Has a child turned 16? Is (s)he in school or registered for WIN?
Relationship	Has relationship been determined for all dependents?
Living Arrangement	Is there any indication that a child was going to be leaving the home?
Residence	Was any member of the unit out of the Commonwealth?
Social Security Number	Numbers must be provided or an ENUM-2 issued for:________________
WIN	Has the youngest child turned 6? Have any medical exemptions expired? WIN registration now required for: ______________________________

DEPRIVATION FACTORS

Continued Absence	Is the parent still absent? Have any support payments been received? Can any new information be provided regarding the whereabouts of the absent parent? Has the parent been convicted of an offense and sentenced to unpaid public service while allowed to live in the home? Is the parent still performing unpaid public service?
Incapacity	Does SS-32 indicate that incapacity is subject to improvement? Is parent eligible for disability benefits? Have disability benefits previously applied for been received?

Factor	Focus Area
Unemployment	Has parent applied for UC benefits? Has UC previously applied for been received?
Death	Has grantee applied for RSDI survivors benefits? Have death-related benefits previously applied for been received?

ASSETS AND INCOME

Assets	What assets were claimed at last redetermination/application? These should be explored at current redetermination. Was there real estate, other than the home, that had to be sold by this redetermination? Did the unit receive proceeds from the sale or destruction of the home that are now a countable asset?
Income	Did the recipient previously indicate that (s)he applied for Unemployment Compensation? Social Security? Worker's Compensation? Other benefit? Did the recipient previously indicate that a member of the assistance unit intended to return to work by now?

2330: THE REDETERMINATION INTERVIEW AND COMPLETION OF THE AP-2

A face-to-face interview is a required part of each redetermination. As determined by your office director, this interview will take place in the office (except in special situations which will require a home visit).

The Group Redetermination (see 2331) may be used except in special circumstances including but not limited to, language barriers or incapacity. These special situations must be determined by the worker and the supervisor and do not necessarily pose a barrier to the Group Redetermination Process in all instances. (Example: Language barriers would not be considered a special circumstance in those offices with bilingual capabilities. In addition certain physical handicaps would not be cause for exemption in those offices that provide access for handicapped persons).

The primary purpose of the redetermination is to obtain the information needed for an accurate and complete redetermination of current AFDC eligibility. In order to do so, the discussion at the interview should include:

- the questions needed to complete the AP-2 and supplements, if any;
- the resolution of any inconsistencies in or incompleteness of information about current eligibility detected during your review of the case record (see Section 2320: Reviewing the Case Record); and
- the pursuit of new information related to current eligibility provided by the recipient during the course of the interview.

You should make sure that your questions, and any verification you ask the recipient to provide, are focused on resolving issues of current eligibility. Your role is to determine if the recipient is currently eligible for assistance and, if so, in what amount. Failure of the recipient to answer any of the questions needed to complete the AP-2 and supplements or to provide requested verification of these answers will be considered grounds for termination of assistance (see CAG 4710: Unreasonable Failure to Cooperate with Program Requirements).

If during the course of either the case record review or redetermination interview, you discover information pertaining to current circumstances which is illogical, contradictory, or unexplained (or which you have reason to doubt), you should question the recipient further and require additional verification of the issue in question. For example, if the recipient indicates that (s)he has expenses that are higher than the income you know to be available to him or her, you should ask how (s)he meets these expenses and require verification of his or her statement. Failure of the recipient to provide verification that his or her circumstances are as (s)he asserts they are may be considered grounds for termination of assistance (see CAG 4710: Unreasonable Failure to Cooperate with Program Requirements).

Inquiries into Past Eligibility and Payments

Your primary responsibility during the redetermination process is to assess the recipient's current eligibility and grant amount. However, you also have a responsibility to assure that the recipient has reported any changes in circumstances in a timely and accurate manner, to detect and refer cases of possible fraud to the Bureau of Special Investigations and, under specified cirucmstances, to correct past underpayment and overpayments. Therefore, you must inquire into past eligibility and payments since the recipient's last redetermination. Such an inquiry will enable you to detect instances in which a question of fraud exists.

However, you are legally prohibited from conducting fraud investigations; i.e., from pursuing and developing information which is needed to determine if fraud actually has occurred. Such investigations are the exclusive responsibility of the Bureau of Special Investigations. Briefly put, your role is to detect whether a question of fraud exists; BSI's role is to investigate whether fraud actually did occur. To maintain this distinction of roles, your questioning at redetermination interviews must be conducted according to the following guidelines.

During the course of a regularly scheduled redetermination you must ask the questions concerning current eligibility outlined above.

If a CIP from a computer match has indicated that a discrepancy exists, discuss the computer match information with the recipient as indicated in the appropriate section in the 2500 series.

Ask the following four questions in all cases. When dealing with a case with a computer match discrepancy, preface the questions in this way, "Except for information relative to the computer match..."

1) "have you had any change in (employment, resources, family composition, etc.) since your last redetermination on / / ?"

Record the appropriate answer to this question in the Remarks section (#11) of the AP-2 in the following form:

> "Recipient reports a change in circumstances since the last redetermination."
>
> OR
>
> "Recipient reports no change in circumstances since the last redetermination."

2) "If you have had some change in circumstances since the last redetermination, what was it?"

Record the answer to this question in the Remarks section (#11) of the AP-2 in the following form:

> "Recipient reports________________"
>
> REPORT WHAT THE CHANGE IN CIRCUMSTANCES WAS, BUT DO NOT REPORT THE DATE ON WHICH THIS CHANGE OCCURRED.
>
> Also record this information in the appropriate block of the AP-2 Supplement which accompanies the AP-2.

3) "If there was a change in circumstances, when did this change occur?"

   Record the answer to this question only on the AP-2 supplement which accompanies the AP-2. Do not record this information anywhere on the AP-2 itself.

4) "Do you expect any change in (employment, family composition, etc.) between now and your next redetermination in approximately six months? If so, what will change, and when?"

   Record the answers to these questions in the Remarks section of the AP-2 to flag your attention for future case maintenance activities.

If a discrepancy in the information about the recipient's eligibility becomes apparent during the redetermination interview, you may not compel a recipient to answer questions about possible past overpayments; failure of a recipient to answer such questions is not considered unreasonable failure to cooperate with program requirements. Consequently, if a recipient refuses to answer questions about possible past overpayments, you must explain to the recipient that failure to answer such questions will not affect his or her eligibility for AFDC, but will probably require a referral to BSI.

YOU MAY NOT COMPEL A RECIPIENT TO PRODUCE VERIFICATION PERTAINING TO POSSIBLE PAST OVERPAYMENTS AS PART OF A REDETERMINATION.

The effects of these constraints on your questions during the redetermination interview are the following. If the recipient indicates that a change in circumstances has taken place since the last redetermination, you may ask when this change occurred and require verification that the current situation is as the recipient asserts it to be, but you may not require verification of the recipient's past situation as a condition of current eligibility. If it appears that an overpayment has occurred, you may inquire into past circumstances in order to determine the nature of the overpayment. Specifically, you may and should ask questions pertaining to when any change in circumstances occurred and the duration of such change. If the cause of the overpayment was not Department error (see CAG 4773: Overpayments), you must refer the case to the BSI, indicating the nature of the change in circumstance but omitting any specific information concerning its date and duration.

In the case of an underpayment, you will need verification of the date and duration of the change (such as loss of income, return of a child to the home, etc.) in order to correct the underpayment.

For example, if a recipient indicates that (s)he has started work, you may legitimately inquire when the employment started and whether the recipient informed the Department. If it can be verified that the recipient informed the Department, then the overpayment is clearly the result of Department error and should not be referred to the BSI. Such verification is limited to actual documentation which would establish that this recipient reported the information in question; i.e., copies of wage information in the case file or receipts for registered mail in which the information was reported.

Similarly, if a recipient informs you that his or her spouse has returned to the home, you must ask the questions and require verifications that will permit you to determine the effect on current eligibility of this spouse's presence in the home. You must also, however, inquire into the circumstances and date of the return in order to ascertain whether an overpayment or underpayment has occurred. If an overpayment has occurred, not the result of Department error, a BSI referral is necessary and you must not question the recipient any further about the past overpayment.

Further, you may not release to BSI any specific information concerning the date or duration of this change in circumstances. The BSI will determine whether fraud appears to have been involved, and will determine the appropriate way of correcting the overpayment.

Prevention of False or Erroneous Representation

In order to prevent false or erroneous representation, you must take the following steps at all redeterminations:

- provide the recipient with a thorough explanation of the eligibility requirements and the necessity for verification of information;

- ensure that all income and resources of the recipient are completely explored;

- review with the recipient all eligibility requirements subject to change and provide an oral explanation to the recipients of his or her responsibility to report changes in circumstances within 10 days from the time they occur;

- explain to the recipient that his signature on the redetermination form, and endorsement on assistance checks, constitutes an acknowledgement that this responsibility for accurate and timely reporting has been brought to the recipient's attention.

> Except for information relative to the computer match employer, has there been any change in your employment since your last redetermination on __________________when you reported______________.

The answers to this question must be recorded according to the format used for the questions required at regularly schedule redeterminations (see above), making sure that any information concerning the date or duration of a reported change in circumstances in recorded only on the AP-2 Supplement.

If during the redetermination process you discover an area which raises a question of fraud other than the previously-referred computer match information, you should send an additional referral to the BSI.

Prevention of False or Erroneous Representation

In order to prevent false or erroneous representation, you must take the following steps at all redeterminations:

- provide the recipient with a thorough explanation of the eligibility requirements and the necessity for verification of information;
- ensure that all income and resources of the recipient are completely explored;
- review with the recipient all eligibility requirements subject to change and provide an oral explanation to the recipients of his or her responsibility to report changes in circumstances within 10 days from the time they occur;
- explain to the recipient that his signature on the redetermination form, and endorsement on assistance checks, constitutes an acknowledgement that this responsibility for accurate and timely reporting has been brought to the recipient's attention.

The Commonwealth of Massachusetts
Department of Public Welfare
600 Washington Street, Boston 02111

THOMAS H. SPIRITO
Commissioner

AP-2 SUPPLEMENT

RECIPIENT NAME____

ADDRESS____

SSN______________________________

DATE OF REDETERMINATION________________________

CIRCUMSTANCE(S) CHANGED SINCE LAST REDETERMINATION:

DATE AND/OR DURATION OF CHANGE IN CIRCUMSTANCES:

____
FAW SIGNATURE

2331 GROUP REDETERMINATION PROCESS

The Group Redetermination Process is a method by which a number of cases are redetermined at one time. The process includes a single explanation of the redetermination form to a group of recipients who fill out the form during this explanation, yet involves a private interview with each recipient following the Group Redetermination. The private interview assures confidentiality and enables review and completion of the form while still attending to individual concerns.

The Group Redetermination Process is also designed to familiarize the recipients with programs available through the Department and other agencies, as well as to inform them of their rights and responsibilities.

PREPARATION

Three Financial Assistance Workers and one clerical worker are necessary to plan and complete a group redetermination. In preparation for the group session, and in accordance with local office procedures, workers will schedule an interviewing room with space sufficient to comfortably seat 15 to 24 recipients. Preferably, this area should be close to offices or cubicles where workers and recipients can later meet privately.

Working from their Redetermination Monitoring and Review Form (RMR), workers should first screen the report for recipients who have difficulty communicating in English. A separate group session may be scheduled if there are sufficient numbers of individuals who speak the same language, or individual redetermination interviews may be arranged. Each worker then selects five (5) to eight (8) recipients from the same category. These recipients are listed on the Redetermination Roster (RR-1). (See 5034)

Each worker obtains and reviews the case records of the recipients selected (see 2320 - Reviewing the Case Record) and determines the specific verifications that are required (see 2120 - Verification). Upon completion of the review, the worker will complete the appointment letter (AL-2) (see 5036), and mail it along with a blank AP-2. This letter explains the Group Redetermination Process and includes the time, date, and place of the session and the required verifications as well as requiring the recipient to complete the first two (2) pages of the accompanying blank redetermination form.

Prior to the group session, the clerk assigned to the Group Redetermination Process must be given the redetermination roster and copies of the appointment letters from the workers. The clerk then prepares file folders and index cards correspondingly numbered with the roster (RR-1) and places a copy of the individual's appointment letter in each folder.

The clerk must also obtain the case record folders and file them alphabetically in a box where they will be available to the workers during the private interviews. The folders must be filed in a secured location not accessible to participants in the Group Redetermination effort.

To complete the preparation process in an efficient and effective manner, the worker must have ready access to all forms and informational material which might be used during the redetermination process.

PROCESS - GROUP SESSION

The Group Redetermination Process requires that three (3) workers and a clerk work together to conduct the session.

On the day of the session, the clerk will greet the recipients as they enter the meeting room and will sign them in next to their names on the Redetermination Roster. The clerk notes the order of their appearance on the Redetermination Roster and issues them their preassigned folders and index cards. Any recipient who does not have the AP-2, which was mailed to him, will be given a blank AP-2 to be completed during the group process. The recipient is then seated and asked to read the Rights and Responsibilities Section of the AP-2.

Within ten (10) minutes of the scheduled time, the designated worker will initiate the group session. The designated worker will begin the meeting with a brief description of the Group Redetermination Process, which includes assurances that the recipients will have private time to discuss specific concerns.

While there is no standardized presentation, the preface should include the following elements:

- information that the Group Redetermination Process will allow the workers more time to respond to their individual requests;
- special exemptions to the Group Redetermination Process are allowed (i.e., physical incapacity, language barriers);
- confidentiality will not be jeopardized;
- an explanation of general verification requirements; and,
- instructions that you will go through the redetermination form (AP-2) on a section-by-section basis while the remaining workers are available to provide individual help.

They should be advised to ask only general questions which will facilitate their proper completion of the redetermination forms.

In addition, the worker will instruct the recipients to place their verifications into the folders which were provided. The numbered index cards are to be placed in front of the recipients. This will assure that the correct folders are returned to each recipient. The clerk then removes the folders and photocopies the verifications, placing both originals and copies back into the folders along with all appropriate informational pamphlets. The folders are returned to the recipients upon completion of the photocopying.

The designated worker then explains the redetermination form, item by item. The worker will describe the recipient's responsibilities to the Department in regard to earnings, assets, and other eligibility factors as they pertain to the redetermination form. Also, the worker will explain the benefits of special programs which include PGH, WTP, Food Stamps, and EA.

While the oral presentation is being given, the other workers will be circulating throughout the room and providing individual help where it is needed.

PROCESS - PRIVATE SESSION

Upon completion of the group session each worker will conduct a private interview with each recipient listed on the worker's RMR. Recipients are to be interviewed in the order of their appearances as indicated on the Redetermination Roster. The private interview is mandatory for completion of the redetermination. The recipient brings the file folder and redetermination form to the interview. The redetermination form is reviewed for completeness and accuracy. The verifications in the file folder are compared with those previously requested in the appointment letter. The worker will provide a signed and dated certification on the copy that is an authentic reproduction of the original. (See 2120-2 (c) Recording Verification). The original verifications and program pamphlets are returned to the recipient. If the verifications are not appropriate or if additional verifications are needed, the verification checklist will be completed by the worker and given to the recipient, with a copy placed in the case folder. All other appropriate forms are completed, including the AP-2 Supplement (see 2330 The Redetermination Interview and Completion of the AP-2), and referrals are made to other Department units or outside agencies (see 4820). If the recipient has any personal concerns or specific issues, they are addressed at this time. Finally, the AP-2 must be signed by the recipient and witnessed by the worker. This concludes the private session. (See 2330 and 2340 Redetermining Eligibility).

SPECIAL SITUATIONS

Tardiness

Although 10 minutes are allocated for late arrivals, occasionally some recipients will arrive in the middle of the group presentation. The individual should be instructed to start completing the redetermination form at the same point which the worker is currently describing. At the end of the session, this individual would be asked to complete the first portion of the redetermination form while awaiting the private interview. During this period, the clerk would photocopy any verifications that were requested on the appointment letter.

Hostile/Agitated Recipient

Occasionally resistance/anxiety may surface in the Group Redetermination Process. The worker giving the presentation should try to keep the group from becoming a gripe session. If a particular person continues to disrupt the session, it might be best to deal with the person directly, remembering the goal is to complete the redetermination process. The worker may wish to hear the issues, acknowledge the legitmate issues and focus on the discrepancies; or the worker may ask a team member and the recipient to leave the room to resolve the problem; or the worker may ask the supervisor to deal with the issue.

COMPLETION AND FOLLOWUP

Completion of the redetermination process is in accordance with handbook section 2350-Calculating the Grant and Concluding the Redetermination Process.

2340 REDETERMINING ELIGIBILITY

After interviewing the recipient and completing the AP-2, you must review the facts at hand to redetermine whether the assistance unit is still eligible for AFDC. You must review the AP-2 and the verifications provided, and compare them to information and verifications available in the case record from previous contacts with the recipient in order to determine:

- Whether the information available to you from this redetermination and the case record is consistent and complete;
- Whether the information is substantiated, where necessary, by verifications (see Chart 2120);
- Whether the information is sufficiently conclusive to permit an eligibility determination and grant recalculation;
- Whether a WIN registration is required for a recipient who was previously exempt;
- Whether a referral to the Child Support Enforcement Unit is necessary;
- Whether the recipient should explore his or her eligibility for other financial assistance programs such as Social Security or Unemployment Compensation.

If you need more information, if required verification is missing or further verification is necessary to resolve inconsistencies, or if the recipient must register for WIN or be referred to the CSEU, you should contact the recipient immediately. All outstanding issues must be resolved and requirements complied with before you can consider the recipient's eligibility redetermined.

Once the recipient has provided any additional information and you have resolved the factual and procedural issues you must redetermine eligibility by comparing the facts to the AFDC eligibility tests:

- The tests of categorical eligibility described in CAGs 4000 through 4075 and CAGs 4500 and 4600;
- The asset test of financial eligibility described in CAG 4200; and
- The income test of financial eligibility described in CAG 4310.

2350 CALCULATING THE GRANT AND CONCLUDING THE REDETERMINATION PROCESS

If the assistance unit is still eligible for AFDC, you should recalculate the grant and complete a new Budget Worksheet (HE-3), even if there has been no change in income. See CAG 4400: Calculating the Grant Amount and CAG 5410: HE-3, Evaluation of Income/Budget Worksheet. You should be sure to inform the recipient of and note in the case record any information that (s)he may have to provide in the next few months, such as additional wage stubs or a Social Security number for which (s)he has applied. You should also consider the unit's need for any other benefits, including:

. Emergency Assistance;
. A PGH referral or PGH related assistance (see CAG 4821: Project Good Health);
. A social services referral (see CAG 4830: Making Social Services Referrals);
. Non-WIN Training-Related Expenses (see CAG 4815).

If the assistance unit or any of its members are ineligible for AFDC, you should consider or refer the grantee to another unit for consideration of potential eligibility for General Relief, Food Stamps, Medicaid-only, and other Department programs (see CAG 4820: Explaining and Making Referrals for Other Department Programs).

In either case, you must complete the Turnaround Document and the appropriate Notification Form Letter, if there is a change, and submit the TD and case record to your supervisor. Any errors he or she detects must be corrected before he or she will consider the redetermination to be complete and sign the TD.

2410: SPECIAL PROCESSING REQUIREMENTS FOR EARNED INCOME CASES

All AFDC and Refugee cases which contain either a member who is working or a stepparent who is not in need or chooses not be in the grant will be subject to the procedures described in this Section. ONCE A CASE IS SUBJECT TO THESE PROCEDURES IT WILL ALWAYS BE PROCESSED IN THIS MANNER EVEN IF NO MEMBER IS WORKING. These cases will be identified by code 5 in Block 35 of the TD. These cases will be treated differently than all other cases in the following manner.

- Calculations for the AFDC (Refugee) grant and the PA food stamp allotment will be performed automatically using data submitted on a Turnaround Document and/or an Income Worksheet.

- Client notices concerning eligibility and changes in grant or food stamp allotments (increases, decreases, closings) will no longer be completed by the worker as they will be computer generated. Two (2) copies will be sent to the client with one copy sent to the office for filing in the case record.

- Actions requiring advance notice will be held by the system pending appeal and will be forwarded to the Recipient Master File at the end of the advance notice period, if no appeal has been filed. If an appeal is filed, the action will be held until the decision is rendered at which time the action will be implemented if the referee's decision finds the action to be correct. If the action is found to be incorrect the action will be rescinded. If the referee finds that an action is to take place but it is different than that originally planned then the action will be rescinded and the worker will be provided with additional instructions. No matter what the result of the referee's decision the system will generate a notice to the client informing him/her of the action. This notice is in addition to the letter sent by the Division of Hearings.

- Lists will be generated by the computer so that the worker may notify the appropriate unit, such as Food Stamps of a Department action which has an impact on that unit.

- Whenever the AFDC or Refugee case is closed and the case is receiving PA Food Stamps, the system will automaticlly open an NPA case (category 9) at the same food stamp allotment as previously received while on AFDC (Refugee Assistance). The case will receive a one (1) month certification period. The NPA unit will be notified of this action, will receive a Turnaround Document and will also be informed, by means of an inquiry document, of the latest data known to the file.

The following activities will apply to these cases.

Step 1: Determine whether the case has either:

1) Income which is considered earned for the AFDC Program, see 4130: Income, 4132: Non-Countable Income; and 4320: Determining Whether Income is Earned or Unearned;

2) A stepparent in the home who is not in the need or chooses not to be in the grant, see 4302: Income Eligibility Test For Remarried Parents and Determination of Attributable Income from a Stepparent; or

3) Was subject to the special processing requirements at anytime since 10/1/81 (Code 5 in Block 35 of the TD).

. If none of the conditions apply and the case has not been previously subject to these procedures follow the instructions contained in the appropriate CSG's and CAG's of this Handbook which relate to the specific situation.

. If any of the income is considered as earned for the AFDC Program, there is a stepparent present who is not in need or chooses not to be in the grant or the case has been subject to these procedures, go to Step 2.

Step 2: Review 2420: Table for Selection of Activity for Changes in Earnings Cases to determine whether the action requires completion of a computer input document(s) (Income Worksheet and/or Turnaround Document).

. If yes, go to Step 3.

. If no, go to Step 5.

Step 3: If 2420: Table for Selection of Activity for Changes in Earnings Cases indicates need to complete a Worksheet, See 2430: Completing the Income Worksheet.

If a Turnaround Document is required, complete the specific data blocks in accordance with Turnaround Document instructions, see Appendix II: Using the Turnaround Document.

N.B. If both an Income Worksheet and a Turnaround Document must be completed, they must be submitted together to assure all actions take place in the proper order with the most current data.

. If an Income Worksheet is completed, go to Step 4.

. If no Income Worksheet is required, go to Step 5.

Step 4: Whenever an Income Worksheet is completed which might result in a grant change the Cornelius Data Blocks must be stamped on the Worksheet and the required data entered in accordance with CAG 4752: Monitoring of Time Standards.

Go to Step 5.

Step 4: Whenever an Income Worksheet is completed which might result in a grant change the Cornelius Data Blocks must be stamped on the Worksheet and the required data entered in accordance with CAG 4752: Monitoring of Time Standards.

Go to Step 5.

Step 5: If 2420: Table for Selection of Activity for Changes in Special Processing System (SPS) indicates the need for the completion of a client notice, complete the notice in accordance with the instructions for this notice contained elsewhere in this Handbook.

Step 6: If at any time after submission of a Turnaround Document or an Income Worksheet the decision is made to rescind the action you must discuss the matter with your Supervisor. If the Supervisor agrees and the action has not been released to the Recipient Master File the Director or his/her Designee will contact the Key Entry Unit to request the input documents be rescinded. This action must be noted in the case record along with documentation supporting the action. Any other changes to be made must be in accordance with these instructions.

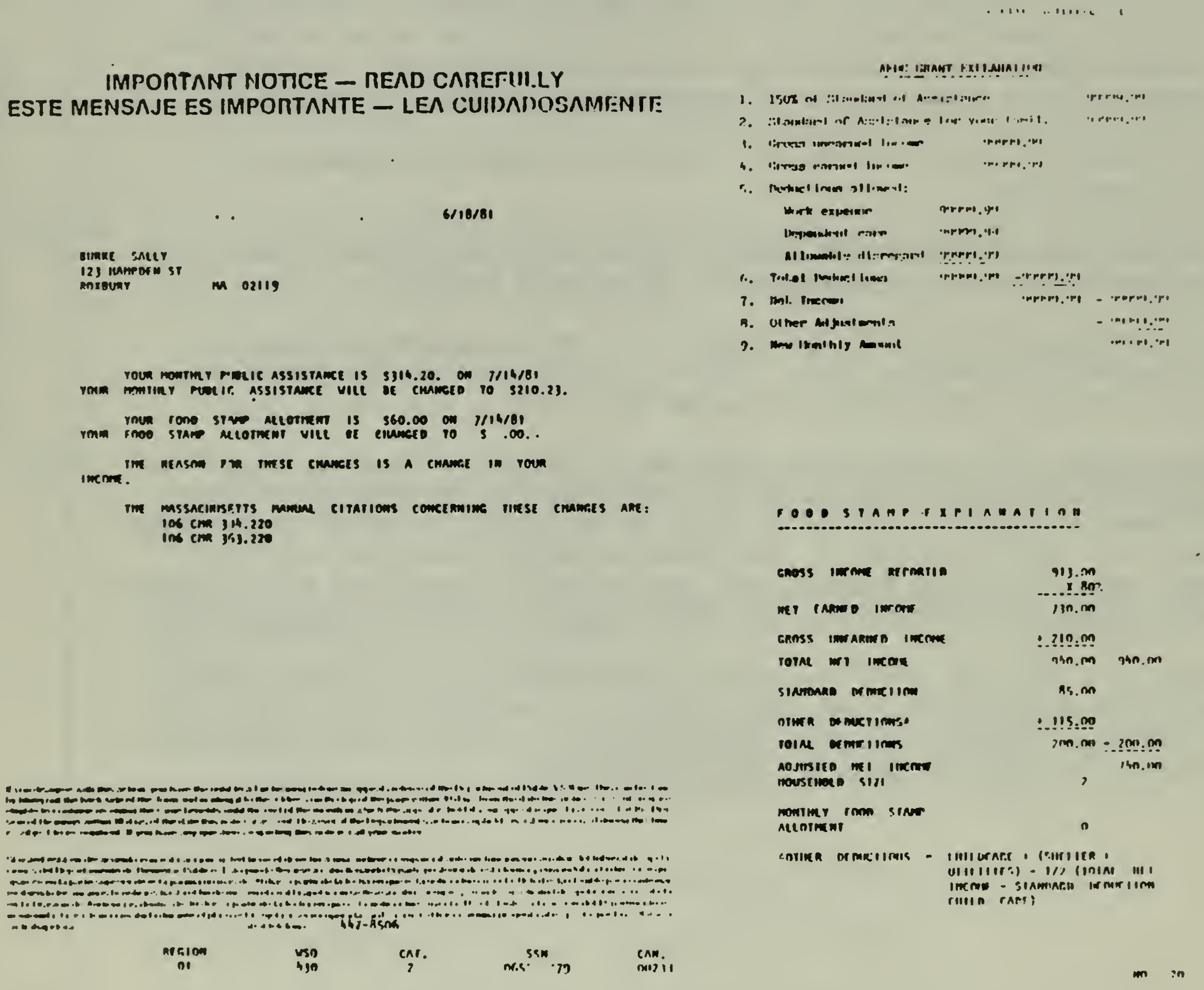
The Special Processing System (SPS) will generate a number of documents specific to these cases.

- New standard computer generated client notices which also contain the computation worksheets. See Exhibit 1: SPS Client Notice.
- A Turnaround Document will be generated each time an action is taken to adjust the Recipient Master File. This will occur even if the action is the result of data submitted on an Income Worksheet.
- A new Worksheet will be generated each time an action is taken to adjust the Recipient Master File as the result of a previously submitted Income Work Sheet. When a case is closed as a result of an Income Worksheet a new Income Worksheet will not be produced. The Income Worksheet produced will be a two-part computer printed document and can be used to enter new data whenever any data element on it changes. See 2430: Completing the Income Worksheet.
- A listing of cases that were closed and established with a one month certification as an NPA food stamp case (cat. 9). Along with this listing will be an individual inquiry document which provides the latest case information. See Exhibit 2: Interface Report - Food Stamp Unit.

EXHIBIT 1

SPS CLIENT NOTICE

This is the notice that is sent to each Special Processing System (SPS) case whenever there is a determination of eligibility or a change in status, grant, or coupon allotment. Each notice contains information specific to the situation. Two copies of the letter are sent to the client with one copy sent to the office for filing in the case record.



IMPORTANT NOTICE — READ CAREFULLY
ESTE MENSAJE ES IMPORTANTE — LEA CUIDADOSAMENTE

6/18/81

BURKE SALLY
123 HAMPDEN ST
ROXBURY MA 02119

YOUR MONTHLY PUBLIC ASSISTANCE IS $314.20. ON 7/14/81 YOUR MONTHLY PUBLIC ASSISTANCE WILL BE CHANGED TO $210.23.

YOUR FOOD STAMP ALLOTMENT IS $60.00 ON 7/14/81 YOUR FOOD STAMP ALLOTMENT WILL BE CHANGED TO $ .00..

THE REASON FOR THESE CHANGES IS A CHANGE IN YOUR INCOME.

THE MASSACHUSETTS MANUAL CITATIONS CONCERNING THESE CHANGES ARE:
106 CMR 314.220
106 CMR 363.220

447-8506

REGION	WSO	CAT.	SSN	CAN.
01	430	2	065 [illegible] 79	00211

AFDC GRANT EXPLANATION

1. 150% of Standard of Assistance [illegible]
2. Standard of Assistance for your family [illegible]
3. Gross unearned income [illegible]
4. Gross earned income [illegible]
5. Deductions allowed:
   - Work expense [illegible]
   - Dependent care [illegible]
   - Allowable disregard [illegible]
6. Total Deductions [illegible] - [illegible]
7. Net Income [illegible] - [illegible]
8. Other Adjustments - [illegible]
9. New Monthly Amount [illegible]

FOOD STAMP EXPLANATION

GROSS INCOME REPORTED	913.00 X 80%	
NET EARNED INCOME	730.00	
GROSS UNEARNED INCOME	+ 210.00	
TOTAL NET INCOME	950.00	950.00
STANDARD DEDUCTION	85.00	
OTHER DEDUCTIONS*	+ 115.00	
TOTAL DEDUCTIONS	200.00	- 200.00
ADJUSTED NET INCOME		750.00
HOUSEHOLD SIZE	2	
MONTHLY FOOD STAMP ALLOTMENT	0	

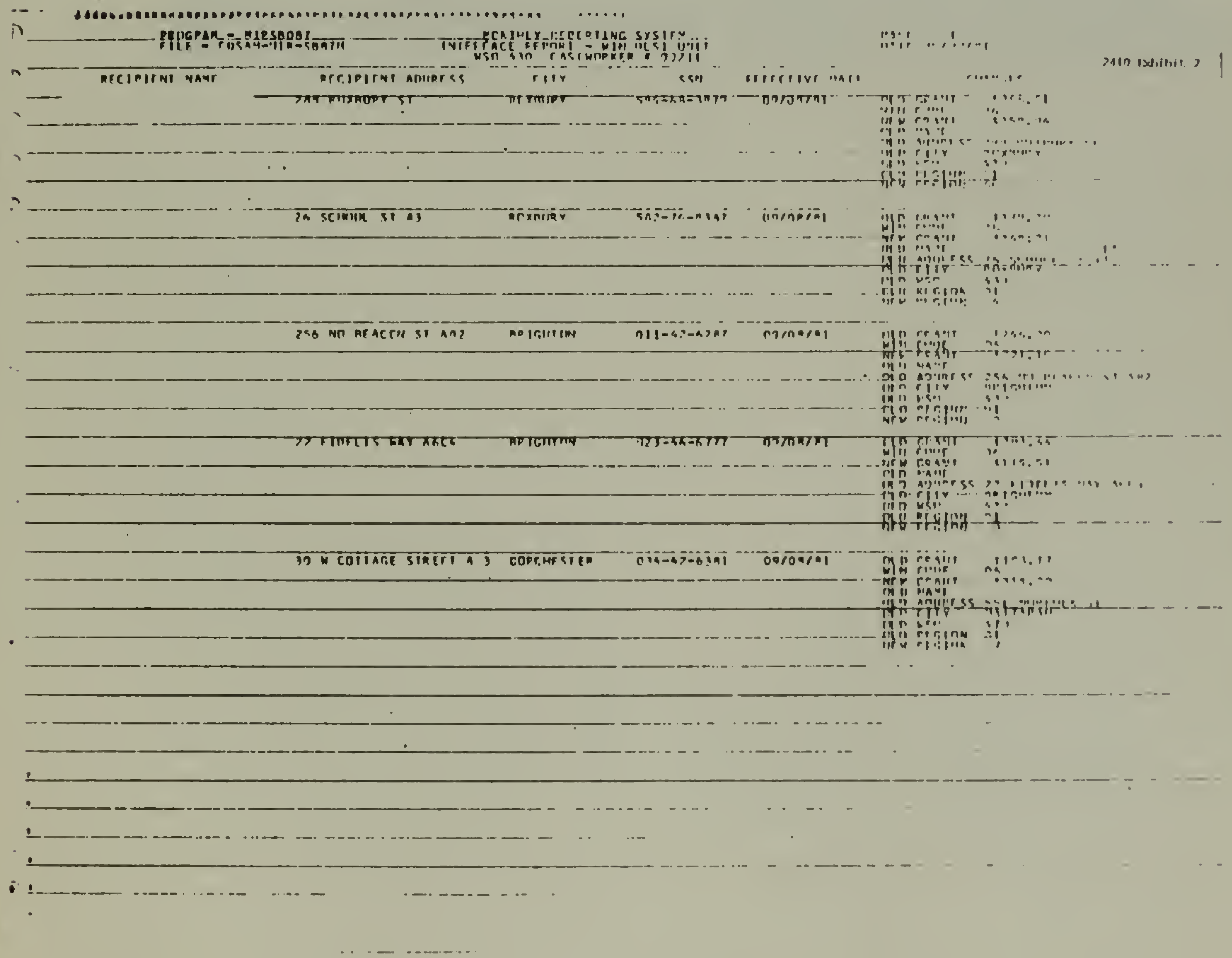
*OTHER DEDUCTIONS - CHILDCARE + (SHELTER + UTILITIES) - 1/2 (TOTAL NET INCOME - STANDARD DEDUCTION CHILD CARE)

NO 20

EXHIBIT 2

INTERFACE REPORT - FOOD STAMP UNIT

Whenever a case is terminated which is in receipt of PA food stamps at the time of closing, the case will be automatically opened on category 9 (NPA) at the previous coupon allotment with a one month certification period. This listing will be produced identifying these cases so that the appropriate action can be taken.



2420: TABLE FOR SELECTION OF ACTIVITY FOR CHANGES IN THE SPECIAL PROCESSING SYSTEM (SPS)

2410: Requirements for the Special Processing System (SPS) identified the procedures to be used whenever cases subject to the Special Processing System (SPS) experience a change. The attached table provides instructions as to whether a Worksheet and/or Turnaround Document is to be completed. If a Turnaround Document is required the data blocks that are to be completed are identified as well as the type of entry. In addition, the table identifies whether the client notification letter, if one is required, will be computer generated or manually issued.

N.B. The table is established by situation. Combinations of these situations could occur simultaneoulsy and the T.D. should be completed in accordance with Appendix II: Using the Turnaround Document. Depending upon the actions to be taken, multiple actions may be taken on one (1) Turnaround Document or more than one T.D. may be required. Only one (1) Income Worksheet will be required no matter how many different situations might occur simultaneously.

2420: TABLE FOR SELECTION OF ACTIVITY FOR CHANGES IN THE SPECIAL PROCESSING SYSTEM (SPS)

2420: TABLE FOR SELECTION OF ACTIVITY IN THE SPECIAL PROCESSING SYSTEM (SPS)

SITUATION	WORKSHEET REQUIRED	TURNAROUND DOCUMENT REQUIRED	TURNAROUND DOCUMENT DATA BLOCKS	TYPE OF T.D. ENTRY	FORM LETTER
Add a new case with deductions or with a Stepparent	Yes Change Date on Worksheet should be same Date as BLK#18 on T.D.	Yes	1,2,3,4,5,6,7,8,9,10,11A,12,13,14 15,16,17,18,19,20+, 21,22,23,24 thru 26 (Zero fill) 27, (Enter Z) 28 and 29 (Fill with zeroes) 30*, 31,32,33,34,35A*,36*,37*,38*,39*, 39*A,40*,41* thru 44* (Zero fill) 45*,46*,47*,48*,49*,52,53,54,55, 56,57,57A,58,59,60,61*,62*,64	A,B,C,S*	Computer Generated
Add a Dependent	No	Yes	1,7,13*,19*,36*,39*,39A*,52,53, 54,55,56,57,57A,58,59,60,61*,62*, 64	C,E*,T*	Computer Generated
Delete a Dependent	No	Yes	1,7,13*,19*,36*,39*,39A*,52,53,58, 59, (Date of Check) 60,61*,62*	F,E*,T*	Computer Generated
Single Pregnant Woman gives Birth (Making grantee eligible deleting woman as her own dependent, adding new dependent)	No	Yes	1,7,13,18,19,20,36*,39*,39A*,52, 53,54,55,56,57,57A,58,59,60,61*, 62*,64 (Blks # 18 and 59 must be the same date)	E,F,C,S,*	Computer Generated
Close a Case	No	Yes	1,7,13,14,18 (Day before Check), 19 25	E	Computer Generated
Open or Re-open Food Stamp Portion (after case is in receipt of grant)	No	Yes	1,7,36,37,38,39*,39A*,40, 41 thru 44 (Zero fill) 45, 46,47,48,49	S	Computer Generated
Close Food Stamp Portion	No	Yes	1,7,36,37,38	T	Computer Generated

* If applicable

+ For Stepparent Case use Y

2420: TABLE FOR SELECTION OF ACTIVITY IN THE SPECIAL PROCESSING SYSTEM (SPS)

SITUATION	WORKSHEET REQUIRED	TURNAROUND DOCUMENT REQUIRED	TURNAROUND DOCUMENT DATA BLOCKS	TYPE OF T.D. ENTRY	FORM LETTER
Re-open a case with deductions or previously subject to these procedures or with a stepparent	Yes Change Date on Worksheet should be same date as BLK#18 on T.D.	Yes	1,7,13,14,17,18,19,20, 21,22,23 24 thru 26 (Zero fill), 27 (Enter Z), 28 and 29 (Zero fill), 30*,31, 32*,33,34,35A*,36,37*,38*,39*,39A*, 40*,41* thru 44* (Zero fill), 45*, 46*,47*,48*,49*,52,53,55,58,59,60 61*,62*,64	E,F,S*	Computer Generated
Re-Open a case with no deductions previously subject to the procedures	No	Yes	1,7,13,14,17,18,19,20,21,22,23, 24 (enter two), 25 (Enter consolidated grant) 26 (Enter Zero) 27 (Enter Z) 28 and 29 (Zero fill), 30*,31,33,34,35A*,36*,37*,38*,39*, 39A*,40*,41* thru 44* (Zero fill) 45*,46*,47*,48*,49*,52,53,55,58, 59,60,61*,62*,64	E,F,S*	Computer Generated
Start receiving deductible income	Yes (Include Cateogry on Income Worksheet)	No	N/A	N/A	Computer Generated
Change in deductible Income (Increase, Decrease, ceases)	Yes	No	N/A	N/A	Computer Generated
Change in Medical Expenses	No	Yes	1,7,36,39,39A*	T	Computer Generated

2420: TABLE FOR SELECTION OF ACTIVITY FOR CHANGES IN THE SPECIAL PROCESSING SYSTEM (SPS)

2420: TABLE FOR SELECTION OF ACTIVITY IN THE SPECIAL PROCESSING SYSTEM (SPS)

SITUATION	WORKSHEET REQUIRED	TURNAROUND DOCUMENT REQUIRED	TURNAROUND DOCUMENT DATA BLOCKS	TYPE OF T.D. ENTRY	FORM LETTER
Change in Child Care	Yes	No	N/A	N/A	Computer Generated
Change in Shelter Costs	No	Yes	1,7,36,45,48*,49*	T	Computer Generated
Change in Utility Costs	No	Yes	1,7,36,46,47,48*,49*	T	Computer Generated
Change in Unearned Income (start, Increase, Decrease, ceases)	Yes	No	N/A	N/A	Computer Generated
Grantee Becomes eligible	No	Yes	1,7,13,18 (Date of Increase), 19,20	E	Computer Generated
Grantee becomes ineligible	No Except when grantee is WIP sanctioned)	Yes	1,7,13,18 (Date of Check), 19,20	E	Computer Generated
Provide forward adjustment	No	Yes	1,7,50,51,51A	V	Computer Generated
Initiate Change or suspend Protective Payments	Yes	No	N/A	N/A	Computer Generated (Follow office procedure on sending PRP cards etc)

* If applicable

† For Stepparent Cases use Y

2420: TABLE FOR SELECTION OF ACTIVITY IN THE SPECIAL PROCESSING SYSTEM (SPS)

SITUATION	WORKSHEET REQUIRED	TURNAROUND DOCUMENT REQUIRED	TURNAROUND DOCUMENT DATA BLOCKS	TYPE OF T.D. ENTRY	FORM LETTER
Initiate Change or suspend Recoupment	Yes	No	N/A	N/A	Computer Generated
Change of Address	No	Yes	1,7,8,10,11,11A,12	D	None Required
Change of Case Name	No	Yes	1,7,8,9	O	None Required
Notice of Review	No	Yes	1,7,13,18,31,33	N	None Required
WTP Status Change	No	Yes	1,7,13*,19*,52*,53*,60*	E*,F*	None Required
WTP Status Change-Grantee Ineligible Due to sanction	Yes	Yes	1,7,13,18(Date of Check),19,20	E	None Required
Change in Health Insurance	No	Yes	1,7,13*31*,52*,53*,64*	E*,F*	None Required
Emergency Assistance Direct Cost Payment	No	Yes	1,7,71,72,73	U	NFL-9
Supplementary Payment	No	Yes	1,7,71,72,73	K	None Required

* If applicable

2420: TABLE FOR SELECTION OF ACTIVITY FOR CHANGES IN THE SPECIAL PROCESSING SYSTEM (SPS)

2420: TABLE FOR SELECTION OF ACTIVITY IN THE SPECIAL PROCESSING SYSTEM (SPS)

SITUATION	WORKSHEET REQUIRED	TURNAROUND DOCUMENT REQUIRED	TURNAROUND DOCUMENT DATA BLOCKS	TYPE OF T.D. ENTRY	FORM LETTER
Retroactive Payment	No	Yes	1,7,71,72,73	Q	None Required
Transfer a case	No	Yes	1,7,8*,10*,11*,11A*,12,71,75*, 76	X,D*	NFL-7
Change Case SSN	No	Yes	1,7,71,77	X	None Required
Lost or Stolen Check	No	No	N/A	N/A	FCB-1,NFL#9*, NFL#18*, FCB-2*, FCB-3*
Change in Deprivation Factor	No	Yes	1,7,13,34	E	None Required
Change in Dependent SSN	No	Yes	1,7,52,53,55	F	None Required
Change in Step-parent Income	Yes	No	N/A	N/A	Computer Generated
Change in Step-parent Hours	Yes	No	N/A	N/A	Computer Generated
Change in Dependents living with Step-parent	Yes	No	N/A	N/A	Computer Generated

2420: TABLE FOR SELECTION OF ACTIVITY IN THE SPECIAL PROCESSING SYSTEM (SPS)

SITUATION	WORKSHEET REQUIRED	TURNAROUND DOCUMENT REQUIRED	TURNAROUND DOCUMENT DATA BLOCKS	TYPE OF T.D. ENTRY	FORM LETTER
Change in Step-parent payments for Child Support Alimony or Contribution	Yes	No	N/A	N/A	Computer Generated

* If applicable

2420: TABLE FOR SELECTION OF ACTIVITY FOR CHANGES IN EARNINGS CASES

2420: TABLE FOR SELECTION OF ACTIVITY FOR CHANGES IN EARNING CASES

SITUATION	WORKSHEET REQUIRED	TURNAROUND DOCUMENT REQUIRED	TURNAROUND DOCUMENT DATA BLOCKS	TYPE OF T.D. ENTRY	FORM LETTER
Change in Step-parent payments for Child Support Alimony or Contribution	Yes	No	N/A	N/A	Computer Generated

* If applicable

2430: COMPLETION OF THE INCOME WORKSHEET

The Income Worksheet (exhibit A) provides supplemental information to the Turnaround Document. It is used for all cases which are included in the Special Processing System, for new and reopened cases which must be included in that system, and for ongoing cases which begin receiving deductible income, for cases that are subject to protective payments or recoupment or have a stepparent present who is not in need or not included in the grant. The Worksheet provides the raw data previously used by the worker in his/her calculations which were then included in blocks 26, 27,28, 29, 42, 43, and 44 of the Turnaround Document. This data is used in conjunction with information on FMCS as the basis for the automatic calculations used to establish eligibility for Refugee, AFDC and PA food stamps and the amount of the Refugee or AFDC grant and the PA food stamp allotment, if applicable.

For cases already included in the Special Processing System, the Worksheet is a pre-printed form provided by the computer each time a Worksheet is submitted and an action is taken (except for closings). For new and reopened cases which must be included in the system, for ongoing cases which begin receiving income and/or have deductions made for protective payments or recoupment, for cases in which the preprinted Worksheet is misplaced, the Worksheet is a single page form printed and supplied by the Printing and Supply Division at Kingston Street.

The Worksheet must be completed legibly using black ink. Source data found in the case record includes the most recent wage information, information on the number of hours worked and the amount(s) of dependent care, unearned income and other deductions.

General Rules for Completing the Income Worksheet are:

- The Worksheet is divided into six sections. The numbers and types of entries to be made depend upon the case situation.
- Entries are made in the blank blocks to the right of the block title.
- One Worksheet is completed for all members in an assistance unit receiving deductible income including an ineligible grantee, who has earnings and is liable for the support of a member(s) of the assistance unit.

- Some entries apply to Refugee, AFDC and PA food stamp calculations, some apply to Refugee and AFDC calculations only, and some apply to PA food stamp calculations only.

- Entries are made only in those blocks which are applicable for the case. All non-applicable blocks should be left blank.

- Money entries in Sections I and II cannot exceed six (6) figures, four (4) dollar values and two (2) cent values (0000.00). Cent values must be included even if the value is .00.

- Money entries in Section III: Dependent Care, may not exceed three (3) figures (000). Cents must not be included. If the cent value is less than $.50 round down to the dollar value. If the cent value is equal to or greater than $.50 round up to the next highest dollar value.

- Date entries must contain six (6) figures in MMDDYY format. For example: October 1, 1981, will be printed 10 01 81.

- Entries in Hours must be whole numbers. The computer will not accept fractions. Fractions of hours must be rounded to the next highest number. For example: 37.5 hours becomes 38 hours.

- To add information not previously submitted, complete, if not pre-printed, the Header information and enter in the applicable blocks the information to be added. Do not re-enter previously submitted worksheet information which is still correct.

- To effect a change in information previously submitted on a Worksheet, the worker crosses out the applicable information on the Worksheet and enters the new figures.

- To delete information previously submitted on a Worksheet, the worker crosses out the applicable information on the Worksheet by drawing a single through the information to be deleted.

- Header information, i.e., Region, WSO, CAN, Case Name and Case SSN must correspond with information on the Recipient Master File. If a Turnaround Document was submitted changing any of this information, the next time a Worksheet is submitted, the information must be changed to correspond with the information on the file.

- The Cornelius stamp must be used on the Worksheet by Section VI and the blocks completed in the usual manner. See CAG 4752: Monitoring of Time Standards.

The Sample Income Worksheet contains numbers and letters for each block. These correspond to the numbers and letters above the block title in this description of what entry is to be made in each block. The actual Worksheet does not contain these identifying numbers and letters.

Header Information

This information is pre-printed for all cases already included in the Special Processing System. However, if the pre-printed information does not correspond with the information on the Recipient Master File, i.e., the most recent Turnaround Document, the information must be changed on the Worksheet otherwise the system will not accept the information being changed in any of the sections.

This information must be completed when a blank Worksheet is utilized. The information must correspond with the information on the most recent Turnaround Document.

ITEM

A.	Reg:	The two (2) digit region number where the local office responsible for the case is located.
B.	WSO:	The three (3) digit number of the local office which is responsible for the case.
C.	CAN:	The three (3) digit Case Assignment Number of the worker responsible for the case.
D.	CASE NAME:	The name of the grantee. The name must be entered: last name, first name, and middle initial. It cannot exceed 23 characters including spaces.
E.	CASE SSN:	The nine (9) digit social security number of the grantee.
F.	REASON:	If a case contains Earned Income, E will appear on the pre-printed Worksheet. If the case contains a combination of Earned Income and Unearned Income and/or Deductible Income, M will appear on the pre-printed Worksheet. If completing a blank Worksheet enter "NEW" if it is for a new case, "RE-OPEN" if it is for a re-opened case or "ONGOING" if it is for an ongoing case.

Section I

Entries must be made to record all earned income of all members of the assistance unit who are earners and any ineligible grantee who is an earner and who is liable for the support of a member(s) of the assistance unit. All money entries must be gross amounts. The computer will calculate averages and net amounts. In addition, the computer will calculate the gross monthly amount based upon gross weekly amounts.

Blocks

1A, 4A, 6A
WAGES: The Worksheet contains space to enter the gross wages (including tips and commissions but excluding Earned Income Tax Credit (EITC) for three wage earners. If the grantee has earned income other than self employment his/her wages must be entered on line 1A. For wages received from self employment see line 8A below. Entries may be made weekly, bi-weekly, semi-monthly, or monthly wages. Wages need not be entered in date order. If an earner has two sets of earnings, separate entries are made for each set. Do not add the wages from both jobs together.

2A, 5A, 7A, 9A
HOURS The Worksheet contains four blocks titled "HOURS" which relate to each of the wage entries and the self employment wage entry. Enter the number of hours each earner works beneath the appropriate wage figures. The number of hours worked each week may vary and the number of entries may be different than the number of wage entries. The worker instructs the computer how to calculate the monthly figures using the numbers and type of entries under "Week Number" and beside HOURS.

For Example:

A. Three Wage Stubs (Weekly)

Worker has three weekly wage stubs. The worker enters the first gross weekly wage under week one, the second under week two, and the third under week three. Beside HOURS the worker enters the actual number of hours the earner worked in week one, in week two, and in week three. The computer will add the three figures in both items; will divide both figures by three and will multiply the results by 4.333 to arrive at the monthly figures.

B. Two Wage Stubs (Bi-Weekly)

The worker has two wage stubs; each represents two weeks earnings. The worker enters the wage information on the first stub under week one and the second under week two. Under weeks 1, 2, 3, and 4 enter actual hours worked during each of the four weeks. For example: 40, 40, 40, 40. Or the worker has the option to enter bi-weekly hours and zeros in the remaining two weeks (80, 80, 0, 0). This tells the computer that the wages represent four weeks. The computer will add the figures in both items; will divide both figures by four and will multiply the results by 4.333 to arrive at the monthly figures.

C. One Wage Stub (One Stub Per Month)

The worker has one pay stub from an earner who is paid on a weekly basis but receives one check a month; for example: a State employee. The worker enters the monthly gross figure beside WAGES under week one. The worker then assesses whether the pay stub represents earnings for a four (4) or five (5) week month. The worker enters the actual hours worked in each week beside HOURS in weeks 1, 2, 3, 4 and if applicable 5. The computer will then calculate the monthly gross earnings based upon the HOURS entries.

D. One Wage Stub (Annual Salary-Monthly Installments)

The worker has one pay stub from an earner who is under an annual contract which stipulates that the annual salary will be paid in twelve (12) equal checks. Therefore, this salary does not receive the 4.333 calculation. The worker enters the monthly gross figure beside WAGES under week one. The worker enters the number of hours worked in the month under week 1, and goes to block 2D, 5C or 7C, "4 1/3", whichever is applicable, and checks the block. The monthly gross wages will not be calculated as this is already done.

1B,4B,6B,9B
DEPD. NO.: Enter the number of the earner. Enter the Grantee Number 00 if the earner is the grantee. If the earner is a dependent, enter the Dependent Number as recorded in block 53 of the T.D.

1C,4C,6C,9C
30 1/3 : Entries are made in this block in the following situations:

1) If a dependent earner becomes the grantee in the case, enter the number of consecutive months the dependent earner has already received the 30 1/3 income disregard to a maximum of 4. The number must be a whole number.

2) If an earner meets one of the conditions listed in the AFDC Policy Manual, Section 304.280 (c), (s)he is ineligible to receive the disregard for the month in which one of the conditions apply. For this situation enter a 5 next to 30 1/3. When the pre-printed worksheet is received, the 5 must be changed to a 0 and re-submitted in time for a change in the month following month in which the condition applies.

2B,5B,7B
Striker: Not applicable at this time.

2C,9D WTP:	If the earner is (1) the grantee and (2) a mandatory WTP registrant and (3) refused to register or participate without good cause (sanctioned) in the WTP Program, enter "55". If the earner is a dependent who has refused to register or participate without good cause (sanctioned) in the WTp Program, the dependent must be deleted from the assistance unit and the earnings of the dependent must be deleted from the Worksheet. (see preceding General Rules for Completing the Income Worksheet)
2D,5C,7C 4 1/3:	Check this block if the 4.333 calculation has already been done on the wages recorded. See instructions under Section I, line 2A, Item D.)
3A EITC:	Enter the amount of the Earned Income Tax Credit which the earner receives, if it is known.
3B FL STAT:	Not applicable at this time.
8A SELF-EMP:	Enter the gross income of the self-employed earner. The entries can only be weekly, bi-weekly or monthly.
8B BE:	Enter the average monthly business expenses of the self-employed earner as calculated for the Refugee/AFDC purposes. For reference in determining these business expenses, see CAG 4334: Determination and Verification of Self-Employment Income.
8C P:	If the self employed earner owns the property in which (s)he does business, enter the monthly amount of the principal which is included in the mortgage payments. NOTE: This pertains to the self-employed earner who uses the property totally for business. If a self employed earner does business out of his/her home, (s)he may only declare the pro-rated portion of the principal which pertains to those rooms which are used solely for business. This pro-rated portion is verified by tax records and other business records.

10A
RENTERS:

Rental income may be considered earned or unearned income in both the Refugee/AFDC and Food Stamps Programs. If the rental income received is considered to be earned for either Refugee/AFDC grant calculation purposes or for food stamp calculation purposes or both, enter the total gross monthly amount of rental income(s). Only one monthly total is to be entered.

If the rental income is considered unearned income for both programs, enter the gross monthly amount in Section II, Block 16.

If the rental income is considered unearned for one program and earned for another see CODE below.

10D
CODE:

If the rental income is not considered earned income for both the Refugee/AFDC and Food Stamp Programs, enter one of the following codes to identify for which program it is considered unearned income.

U1-Unearned Income for Refugee/AFDC

U2-Unearned Income for Food Stamps

10B
BE:

Enter the average monthly cost of business expenses for the rental units for Refugee/AFDC Only. See CAG: 4336: Determining Rental Income.

10C
P:

Enter the average monthly cost of the business expenses for the rental units for Food Stamps Only. See the Food Stamp Manual 365.940.

11A
ROOMERS:

Enter the total monthly gross amount of income from roomer(s). Only one monthly total is to be entered.

11B
BE:

Enter the average monthly business expenses incurred by the earner if the earner has claimed business expenses. See CAG 4335: Income From Roomers and Boarders and the Food Stamp Manual 365.940.

12A
BOARDERS:

Enter total monthly gross amount of income received from boarder(s). Only one monthly total is to be entered.

12B
BE:

Enter the average monthly business expenses incurred in earning the boarder income for food stamps only. See the Food Stamp Manual 365.250.

13A
INC/KND: Enter the total monthly amount of Income-In-Kind received by the earner, only if the Income In-Kind is considered earned income. If the Income-In-Kind is considered unearned income, enter the amount in Section II, Item 18. Only one monthly total is to be entered.

14A
TRN ALLOW: Enter the total monthly amount of training allowances received by the earner which are countable for the determination of the Food Stamp Bonus Value. See the Food Stamp Manual 363.220 (A). Only one monthly total is to be entered.

Section II

Entries must be made to record all countable unearned income of members of the assistance unit, and of an ineligible grantee(s) who are liable for the support of a member(s) of the assistance unit; and all amounts of deductible items which must be deducted from the monthly assistance grant.

Countable Income/AFDC and Food Stamps:

15A
RSDI/RR: Enter the monthly amount of RSDI and RR which is received and is countable toward the Refugee/AFDC grant. Do not include the RSDI amount received for 18-21 year olds.

15B
CODE: Enter one of the following codes to correspond with the amount represented in 15A above.

1-Retirement, Survivor and Disability Insurance Payment

2-Railroad Retirement Payment

16
OTHER UNEARNED INC: Enter the total monthly amount of unearned income which is received and is countable toward the AFDC grant, however, do not enter the amount of RSDI/RR payments or the amount of child support received.

17
PROTECTIVE PAYMENTS (S): Enter the total monthly amount of all protective payments which are being made on behalf of the assistance unit and which must be deducted from the monthly assistance grant.

Countable Income/AFDC Only:

18
Income In-Kind: Enter the total monthly amount of any Income-In-Kind which is being received by the assistance unit that is considered unearned income and must be deducted from the monthly assistance grant.

19
RECOUPMENT: Enter the monthly amount of recoupment which is deducted from the assistance grant. Do not enter the amount of any lump sum or direct recovery payments which the recipient pays the Department.

20
CHILD SUPPORT RECEIVED: Enter the total monthly amount of child support if it is received directly by the assistance unit from an absent parent(s). Do NOT LIST THE AMOUNT OF SUPPORT RECEIVED BY THE CSEU.

Countable Income/Food Stamp Only - See Food Stamp Worksheet:

21
RSDI (18-21 YR. OLD): Enter the monthly amount of RSDI received by member(s) of the assistance unit who are 18-21 years of age.

22
NET EDUCATIONAL LOANS: Enter the net amount of educational loans, scholarships, grants, etc. received by members of the assistance unit.

23
OTHER F.S. ONLY INCOME: Enter the total monthly amount of any other income not previously mentioned which is countable in determining the amount of food stamps for which the assistance unit is eligible.

Section III - Dependent Care

Entries must be made in this section for each dependent, including an incapacitated adult, who receives care, which enables the earner(s) to work. Entries must not be cumulative amounts for all dependents receiving care.

24A, 25A, 26A, 27A, 28A
Dep. NO: Enter the two digit dependent number which corresponds to the dependent number on the T.D. (Block 53) for each dependent who receives care while the earner works.

24B, 25B, 26B, 27 , 28B
AMT: Enter the amount of total monthly verified cost of care for each dependent. This entry must not exceed three (3) digits (do not include cents). (See preceding General Rules for Completing the Income Worksheet).

Section IV

No entries will be made in Block 29A-32.

Items 33 - 36 are only to be completed when there is a stepparent present who is not in need or who chooses not to be in the Assistance Unit. If the stepparent is in need or chooses to be in the Assistance Unit then these blocks will be blank or zero and the stepparent will be treated in the same fashion as any other member of the Assistance Unit.

33
GROSS STEPPARENT INC: Enter the Monthly Gross countable income (earned and unearned) of the stepparent.

34
HOURS WORKED: Enter the monthly Hours worked by the stepparent. If the stepparent is not working and the only income is unearned enter 0.

35
HOUSEHOLD IRS DEPENDENT: Enter the number of dependents living with the stepparent who are claimed for tax purposes or who could be. DO NOT INCLUDE IN THIS NUMBER THE STEPPARENT, THE REMARRIED PARENT OR ANY OF THE INDIVIDUALS WHO ARE EITHER RECEIVING AFDC OR FOR WHOM AFDC HAS BEEN APPLIED FOR.

36
CONTR/CHILD SUPPORT/ALI: Enter the gross monthly amount paid by the stepparent for child support, alimony, or contributions to individuals NOT living with the stepparent.

Section V

37
RECP TELE NO: Enter the recipient's home telephone number, including area code

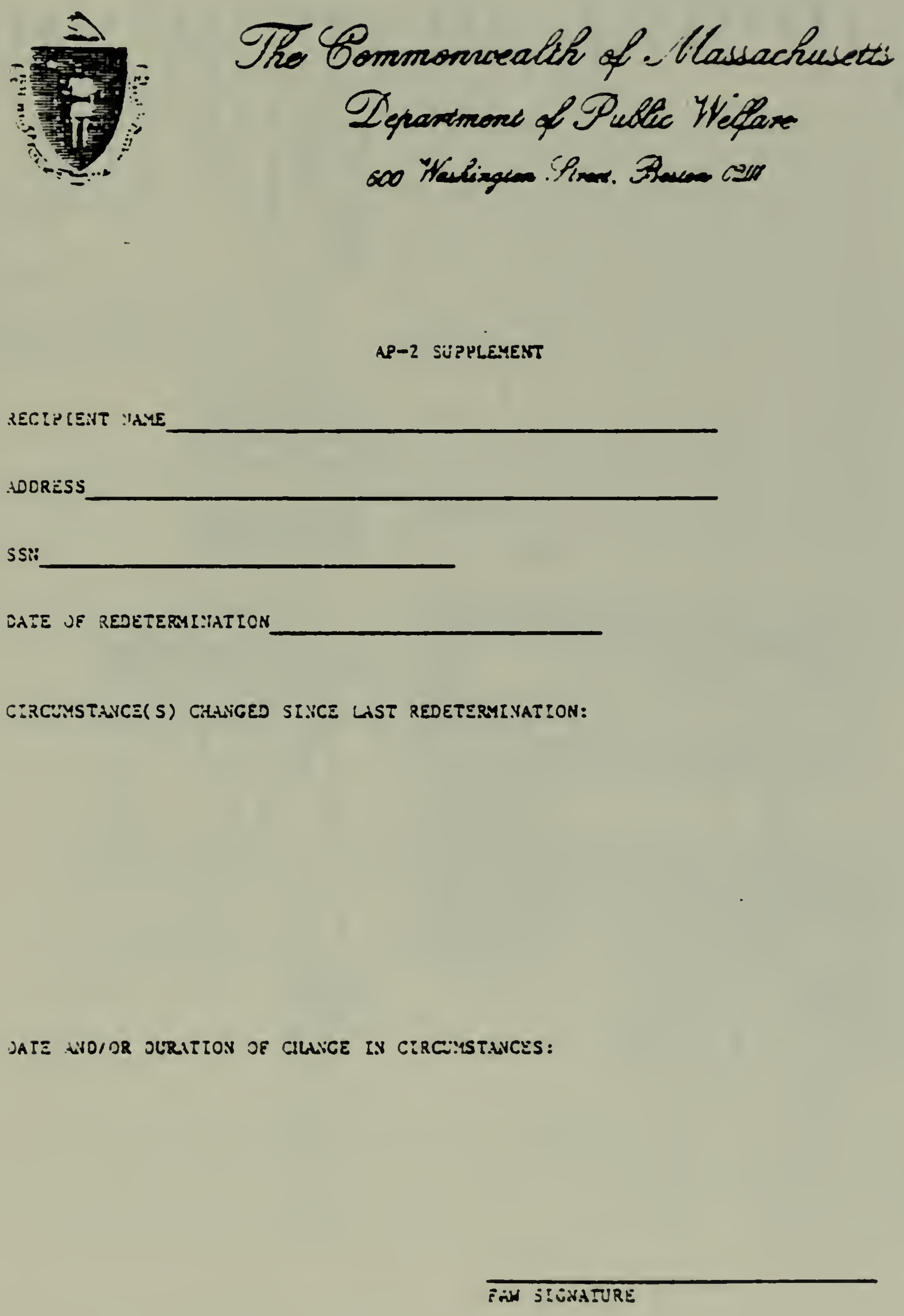
38
TYPE OF REPORT:
CODE: For all Non-MRP offices enter G. For MRP Offices, enter M,V, or C whichever is appropriate based on current instructions.

39
RECIPIENT LANG CODE Enter 2 if the preferred language of the recipient is Spanish. Otherwise enter code 1.

Section VI

Entries must be made each time a worksheet is completed.

40 CHANGE DATE:	This date reflects the start date of an increase in the assistance grant. Since workers will not know whether an assistance unit will receive an increase or decrease in the grant, the worker will note in this block the date the change in grant would become effective if it were an increase.
41 WORKER SIG:	Enter the signature of the worker who completed the Income Worksheet.
42 SUPERVISOR SIG:	Enter the signature of the supervisor who reviewed the Income Worksheet for accuracy, completeness and legibility of data.
43 DATE:	Enter the date of supervisory signature.



The Commonwealth of Massachusetts
Department of Public Welfare
600 Washington Street, Boston 02111

AP-2 SUPPLEMENT

RECIPIENT NAME____

ADDRESS____

SSN______________________________

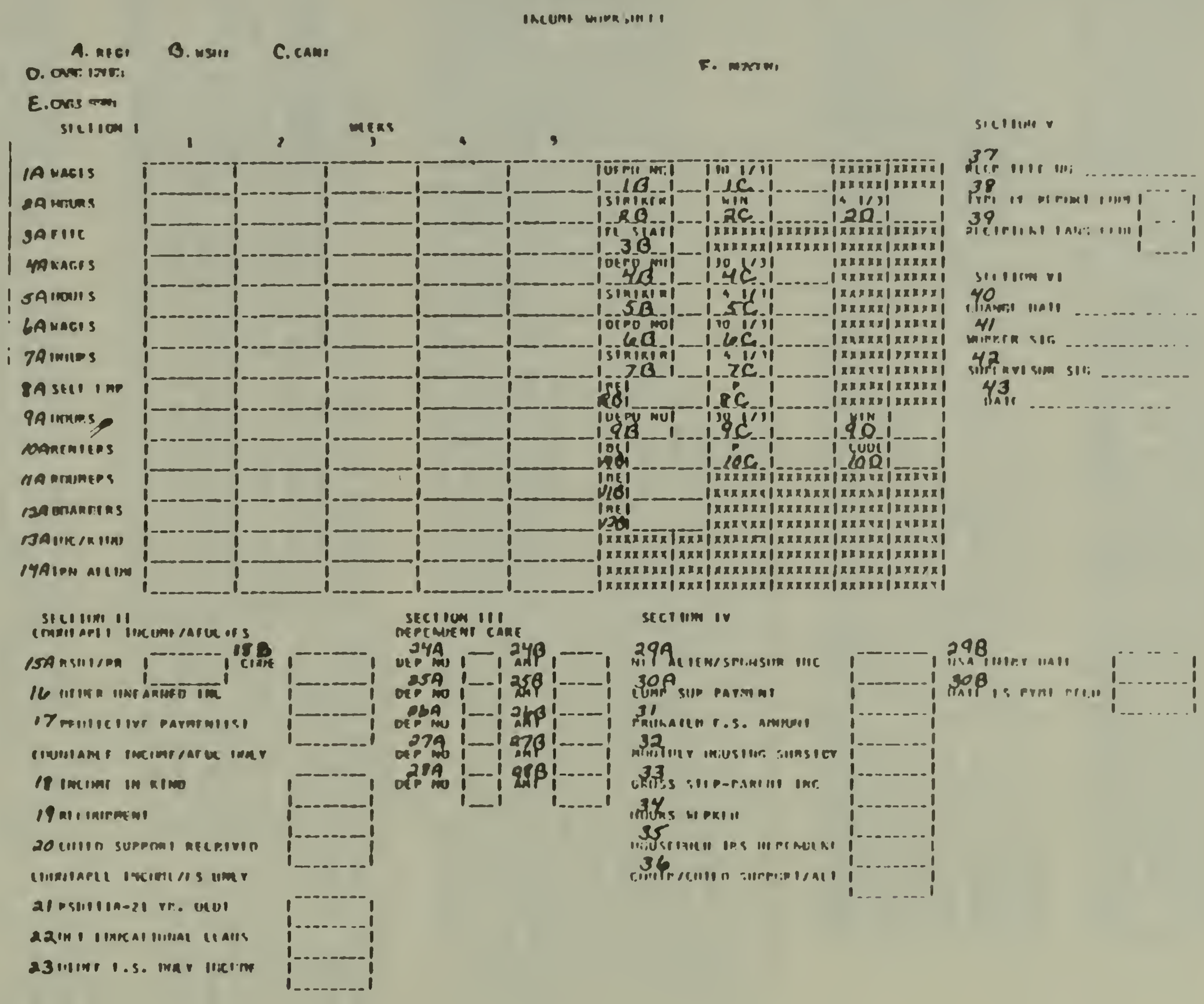
DATE OF REDETERMINATION________________________

CIRCUMSTANCE(S) CHANGED SINCE LAST REDETERMINATION:

DATE AND/OR DURATION OF CHANGE IN CIRCUMSTANCES:

____
FAW SIGNATURE

2430 SAMPLE: INCOME WORKSHEET



INCOME [illegible]

A. [illegible] B. [illegible] C. [illegible]
D. [illegible]
E. [illegible]
F. [illegible]

SECTION I
WEEKS 1 2 3 4 5

1A WAGES — 1B DEPD NO — 1C [illegible]
2A HOURS — 2B STRIKER — 2C WIN — 2D [illegible]
3A [illegible] — 3B [illegible]
4A WAGES — 4B DEPD NO — 4C [illegible]
5A HOURS — 5B STRIKER — 5C [illegible]
6A WAGES — 6B DEPD NO — 6C [illegible]
7A HOURS — 7B STRIKER — 7C [illegible]
8A SELF EMP — 8B [illegible] — 8C [illegible]
9A HOURS — 9B DEPD NO — 9C [illegible] — 9D WIN
10A [illegible] — 10B [illegible] — 10C [illegible] — 10D CODE
11A [illegible] — V1B [illegible]
12A BOARDERS — V2B [illegible]
13A [illegible]
14A [illegible]

SECTION II
[illegible] INCOME/AFDC [illegible]
15A [illegible] — 15B CARE
16 OTHER UNEARNED INC
17 PROTECTIVE PAYMENT(S)
COUNTABLE INCOME/AFDC ONLY
18 INCOME IN KIND
19 RETIREMENT
20 CHILD SUPPORT RECEIVED
COUNTABLE INCOME/FS ONLY
21 [illegible]-21 YR. OLD
22 [illegible] EDUCATIONAL LOANS
23 [illegible] F.S. [illegible]

SECTION III
DEPENDENT CARE
24A DEP NO — 24B AMT
25A DEP NO — 25B AMT
26A DEP NO — 26B AMT
27A DEP NO — 27B AMT
28A DEP NO — 28B AMT

SECTION IV
29A [illegible] ALIEN/SPONSOR INC — 29B USA ENTRY DATE
30A LUMP SUM PAYMENT — 30B DATE [illegible]
31 [illegible] F.S. AMOUNT
32 MONTHLY HOUSING SUBSIDY
33 GROSS STEP-PARENT INC
34 HOURS WORKED
35 HOUSEHOLD [illegible] DEPENDENT
36 [illegible]

SECTION V
37 [illegible]
38 [illegible]
39 RECIPIENT [illegible]

SECTION VI
40 CHANGE DATE
41 WORKER SIG
42 SUPERVISOR SIG
43 DATE

T-2440 IMPLEMENTATION OF NEED STANDARD/PAYMENT STANDARD

The Fiscal Year 1983 budget included legislation which will effect the amount of assistance paid to AFDC and RRP recipients who have any form of deductible income. This change, when implemented, will become effective retroactive to 7/1/82.

The legislation differentiates the concepts of need standard and payment standard. The need standard is a standard by assistance unit which is used to determine the financial need of applicants and recipients. It will be used at application and redetermination in the Second Test of Financial Eligibility and in determining the amount of assistance for cases with any form of deductible income. The Payment Standard is the maximum amount of money which an assistance unit can receive. The Payment Standard which will now be used in lieu of the Standards of Assistance is equivalent to 95.24% of the Need Standard.

The Department will implement this change using the Earned Income Case Special Processing System hereinafter referred to as Special Processing System (SPS) on 8/1/82 retroactive to 7/1/82. Food Stamp Bonus Values will be changed on 9/1/82. All active AFDC cases with action reasons (AR) 4 through 18 and RRP cases with action reasons (AR) 6, 7, 14 and 15, which have Deductible Income Codes of P, R, S, T, U, W and X and are not already in the Special Processing System, must now be entered into this system. Cases coded P (Protective Payment) and R (Recoupment) will be automatically converted. Cases with Deductible Income Codes S, T, U, W and X will require worker completion of a listing worksheet.

There are two types of Listing/Worksheet:

1. Preprinted by the computer (see Attachment A). This listing contains all active AFDC and RRP cases which meet the selection standards described above, which are not already in the Special Processing System and were on the Recipient Master File as of 7/13/82. This Listing/Worksheet has some preprinted information for each case (Region, WSO, Category, Case Assignment Number, Social Security Number, and Name). It also contains preprinted headings which require informational entries by workers.

2. Blank Listing/Worksheet (see Attachment B). This listing contains preprinted headings but no case specific information. These forms are to be completed for cases required to be converted to the Special Processing System which were not on the Recipient Master File as of 7/13/82 and for transferred cases in which the transfer was effective after 7/13/82.

The Special Processing System will combine data available on the Recipient Master File with data available on the completed Listing/Worksheet to determine eligibility, calculate the grant amount, determine food stamp bonus values and to generate the appropriate notification form letters.

Once a case is entered into the Special Processing System it must be maintained in that system (see Sections 2420-2430).

The timeframes for completion of this project are as follows:

July 16	- Office receives preprinted Listing/Worksheets and supply of blank Listing/Worksheets
July 20-23	- Office reviews cases, completes corrective TD's and Listing/Worksheets
July 23	- Last day corrective TD's may be key entered on FMCS
July 20-26	- Supervisory review period of Listing/Worksheets
July 27 and 28	- Information on Listing/Worksheets key entered

ONGOING WORKER RESPONSIBILITIES

Workers will review each case folder listed on the preprinted Listing/Worksheet. This case review is intended to ensure that the preprinted data on the listing is correct, and to identify the new data which must be entered on the Listing/Worksheet.

If the preprinted data is incorrect, an SS9A-TD must be completed to correct the Recipient Master File. These TD's must be submitted for key entry before 7/23/82 to ensure that data converted to the Special Processing System is correct. If the Deductible Income Code for a case should be Z, an SS9A-TD correcting the code must be submitted and the Listing/Worksheet is coded "Code Z." No further action should be taken on this case.

If the case has been closed, the worker codes the Listing/Worksheet "Closed". No further action should be taken on this case at this time. Special instructions for adjusting closed cases will be sent under separate cover.

If the case has been transferred to a new office, the worker must contact the receiving office. The receiving office must complete a blank Listing/Worksheet. After the contact, the worker codes the Listing/Worksheet "Transferred." No further action should be taken on this case.

If the preprinted data is correct or was corrected on an SS9A-TD and the case was not closed, transferred, or coded "Code Z", the remainder of the preprinted Listing/Worksheet must be completed by following the instructions in T-2441, Completion of the Listing/Worksheets.

Complete a blank Listing/Worksheet for any case on the Recipient Master File which has a Deductible Income Code change from Code Z to Code S, T, U, W and X after 7/13/82 and before 7/26/82.

Blank Listing/Worksheets are completed according to instructions contained in T-2441.

INTAKE WORKER RESPONSIBILITIES

All cases approved and key entered after 7/13/82 and before 7/26/82 which meet the applicable case characteristics of Category, Action Reason and Deductible Income Code which are not in the Special Processing System must have a blank Listing/Worksheet (see T-2441) completed after completion of the SS9A-TD to establish the case on the Recipient Master File.

SPECIAL INSTRUCTIONS FOR CASES OPENED OR REOPENED ON OR AFTER 7/26/82 AND FOR CASES WITH A CHANGE IN DEDUCTIBLE INCOME CODE

Effective 7/26/82, all cases in Categories 0 and 2 with deductible income of any form must be in the Special Processing System.

Effective 7/26/82 any cases which have a change in the Deductible Income Code from Z to any other code or are opened or re-opened and have deductible income are to be treated as follows:

- For cases in which there is a change in Deductible Income Code and for cases being reopened, the case must be transferred to the Special Processing System before the change or reopening can be completed on the SS9A-TD. This is accomplished by completing an SS9A-TD with the identifying data (blocks 1-7), by circling the E in Section 3 and by entering code E or M in block 27 and code 5 in block 35. This SS9A-TD is key entered first. A one day delay must occur before key entering data from an SS9A-TD or Income Worksheet which will effect the change or reopen transaction.
- For new cases with deductible income opened on or after 7/26, an SS9A-TD and Income Worksheet are completed in accordance with Sections 2420-2430. New cases do not require the SS9A-TD with the E transaction, as above, because data does not have to be transferred to the Special Processing System.

However, for all new and reopened cases which are to be processed in the Special Processing System on or after 7/26/82, some adjustments in the completion of the TD have to be made if the start date of the case is prior to 7/1/82. In these cases the worker must manually compute the amount of assistance for which the assistance unit is eligible from the start date to and including 6/30/82. This amount of assistance is entered as Q Payment in Section VI. The start date of the case (block 18) becomes 7/1/82. The Special Processing System will compute the amount of assistance owed retroactive to 7/1/82 using the new Need Standard/Payment Standard, and will process the Q Payment for the period prior to 7/1/82.

KEY ENTRY INSTRUCTIONS

Corrective SS9A-TD's must be key entered for cases listed on the preprinted Listing/Worksheet by 7/23/82.

Data on the preprinted Listing/Worksheet(s) and blank Listing/Worksheet(s) must not be key entered until 7/27/82 and 7/28/82. Any data entered before these dates will reject. The Listing/Worksheets have been designed to comply with the format of the MIW-2 screen which is used in key entry. Operators should take special note of two items:

1. The name on the Listing/Worksheet is not key entered. Only the name check is key entered.

2. If a dollar entry is made for recoupment, it is key entered as "monthly recoupment" on the screen.

Upon completion of key entry of the information from the Listing/Worksheet(s) the document(s) must be returned to the appropriate supervisory unit.

T-2441 COMPLETION OF THE LISTING/WORKSHEET

As instructed in T-2440, Implementation of Need Standard/Payment Standard preprinted and blank Listing/Worksheets will be used in a one-time special conversion of active categories 2 (AR 4-18) and 0 (AR 6, 7, 14, 15) cases which have Deductible Income Codes of S, T, U, W or X in block 27 of the SS9A-TD (excluding MIRS cases coded 1, 2, 5) to the Earned Income Case Special Processing System. After conversion of these cases, the worker must make all future changes to the Recipient Master File through the Special Processing System using an SS9A-TD and/or an Income Worksheet whichever is appropriate in accordance with Sections 2420-2430.

GENERAL RULES FOR COMPLETION OF THE LISTING/WORKSHEET

- Entries apply to AFDC, RRP and PA Food Stamp calculations.
- Data on the preprinted Listing/Worksheet must be completed for each case in Categories 2 (AR 4-18) and 0 (AR 6, 7, 14, 15) which have a Deductible Income Code of S, T, U, W or X in block 27 of the TD, and are not already entered into the Special Processing System. The only exceptions to this data completion are for cases in which the code was changed to Z using a corrective TD and a case was closed or transferred out of the office.
- Data on the Blank Listing/Worksheet must be completed for cases meeting the description above which are entered on the Recipient Master File between 7/13/82 and 7/23/82. This includes cases transferred to a new office, opened or reopened or in which a change in deductible income occurred.
- In making the entries the worker must be sure that the action reasons from block 19 and the deductible income codes from block 27 of the TD are correct. The corrections must be made on the TD prior to completion of the Listing/Worksheet. Note: If the correct code for block 27 is Z, it should be noted on the Listing/Worksheet.
- Entries on the preprinted Listing/Worksheet are made to the right of the preprinted heading.
- Entries on the blank Listing/Worksheet, including the Header Information are made beneath the preprinted heading.
- Non-applicable entries on both Listing/Worksheets must be left blank.
- Money entries cannot exceed six figures. Four dollar values and two cent values (0000.00) must be included, even when there is a zero value.
- Information needed on the Listing/Worksheet and blank Listing/Worksheets is as follows:

Header Information: Preprinted for all cases listed on the computer generated Listing/Worksheet. This information must be completed by the worker using a blank Listing/Worksheet.

Item	
REG:	The one (1) digit number where the local office responsible for the case is located.
WSO:	The three (3) digit number of the local office which is responsible for the case.
CAT:	The one (1) digit number indicating 2 for AFDC and 0 for RRF.
CAN:	The five (5) digit Case Assignment Number of the worker responsible for the case. Two zeros (00) should precede the CAN.
NAME:	The name of the grantee. The name must be entered: last name, first name and middle initial.
SSN:	The nine (9) digit social security number of the grantee.
RSDI/RR:	Enter the monthly amount of RSDI and RR which is received and is countable toward the AFDC grant. Do not include the RSDI amount received for 18-21 year olds. See RSDI (18-21) below for PA Food Stamp cases.
CODE:	Enter one of the following codes to correspond with the amount represented above. 1-Retirement, Survivor and Disability Insurance Payment 2-Railroad Retirement Payment
OTHER UNEARNED :	Enter the total monthly amount of unearned income which is received and is countable toward the AFDC grant. However, do not enter the amount of RSDI/RR payments or the amount of child support received.
PROTECTIVE PAYMENT(S):	Enter the total monthly amount of all protective payments which are being made on behalf of the assistance unit and which must be deducted from the monthly assistance grant.
IN-KIND:	Enter the total monthly amount of any Income-In-Kind which is being received by the assistance unit that is considered unearned income and must be deducted from the monthly assistance grant.
RECOUP:	Enter the monthly amount of recoupment which is deducted from the assistance grant. Do not enter the amount of any lump sum or direct recoupment payments which the recipient pays the Department.

RSDI (18-21): Enter the monthly amount of RSDI received by member(s) of the assistance unit who are 18-21 years of age.

NET ED LOANS: Enter the net amount of educational loans, scholarships, grants, etc. received by members of the assistance unit.

OTHER F.S. ONLY: Enter the total monthly amount of any other income not previously mentioned which is countable in determining the amount of food stamps for which the assistance unit is eligible.

REPORT CODE: Enter G.

LANG CODE: Enter Code 2 if the preferred language of the recipient is Spanish. Otherwise enter code 1.

CHANGE DATE: Enter 7/1/82 or the date on which the deductible income became effective whichever is later.

```
                              CATEGORY 0 & 2 WITH DEDUCTIBLE INCOME CODE U,S,W,T,X

REG   WSO    CAT   CAN    SSN            NAME
07     097     2    200 121529331     WASHINGTON, MARTHA
          RSDI/RR          CODE          OTHER UNEARNED       PROT PAY       IN-KIND        RECOUP

          RSDI(18-21)       NET ED LOAN   OTHER FS ONLY        REPORT CODE    LANG CODE      CHANGE DATE

REG   WSO    CAT   CAN    SSN            NAME
07     097     2    200  132323135    ADAMS, JANE
          RSDI/RR          CODE          OTHER UNEARNED       PROT PAY       IN-KIND        RECOUP

          RSDI(18-21)       NET ED LOAN   OTHER FS ONLY        REPORT CODE    LANG CODE      CHANGE DATE

REG   WSO    CAT   CAN    SSN            NAME
07     097     2    200 119541834    FORD, ELIZABETH
          RSDI/RR          CODE          OTHER UNEARNED       PROT PAY       IN-KIND        RECOUP

          RSDI(18-21)       NET ED LOAN   OTHER FS ONLY        REPORT CODE    LANG CODE      CHANGE DATE

REG   WSO    CAT   CAN    SSN            NAME
07     097     2    200  124327345    JOHNSON, MARY
          RSDI/RR          CODE          OTHER UNEARNED       PROT PAY       IN-KIND        RECOUP

          RSDI(18-21)       NET ED LOAN   OTHER FS ONLY        REPORT CODE    LANG CODE      CHANGE DATE

REG   WSO    CAT   CAN    SSN            NAME
07     097     2    200 124556154     KENNEDY, JACQUELINE
          RSDI/RR          CODE          OTHER UNEARNED       PROT PAY       IN-KIND        RECOUP

          RSDI(18-21)       NET ED LOAN   OTHER FS ONLY        REPORT CODE    LANG CODE      CHANGE DATE

REG   WSO    CAT   CAN    SSN            NAME
07     097     2    200
                          125366918     EISENHOWER, MAMIE
          RSDI/RR          CODE          OTHER UNEARNED       PROT PAY       IN-KIND        RECOUP

          RSDI(18-21)       NET ED LOAN   OTHER FS ONLY        REPORT CODE    LANG CODE      CHANGE DATE
```

ATTACHMENT A

ATTACHMENT B

REC ____ WSO ____ CAT ____ CAN ____

SSN	NAME	RSDI/RR	CODE	OTHER UNEARNED
PROT PAY	IN-KIND	RECOUP	RSDI(18-21)	NET ED LOAN
OTHER FS ONLY	REPORT CODE	LANG CODE	CHANGE DATE	

SSN	NAME	RSDI/RR	CODE	OTHER UNEARNED
PROT PAY	IN-KIND	RECOUP	RSDI(18-21)	NET ED LOAN
OTHER FS ONLY	REPORT CODE	LANG CODE	CHANGE DATE	

SSN	NAME	RSDI/RR	CODE	OTHER UNEARNED
PROT PAY	IN-KIND	RECOUP	RSDI(18-21)	NET ED LOAN
OTHER FS ONLY	REPORT CODE	LANG CODE	CHANGE DATE	

2500: COMPUTER MATCHES

The Department uses computers to compare its records on applicants and recipients with those of other sources and its own masterfile, for example, the Department of Revenue, the Division of Employment Security, and banks. When an applicant's or recipient's name and Social Security number appears in the files of one of the other agencies, the result is a computer match. The computer prints the match data on a Client Identification Page (CIP). The CIP is sent to the local office where the information on it is compared to the information in the case record reported by the applicant or recipient.

Computer matches are done in three circumstances; application, redetermination and special projects. Use the procedures in this and subsequent sections for computer matches done during an application or redetermination.

Applicant information, and that of the applicant's legally liable spouse in the home, if any, will be taken from the AP-1 Part A. See CAG 2200: The Intake Interview and Section 5033: AP-1 Part A. Information that has matched will be returned to the local office for the intake worker to use in determining eligibility. These CIP's will be entitled DPW/CCC Inquiry Match. See Section: 5722 for an example. Each local office will also receive a listing of these CIP's titled CCC Disposition Log. See Section: 5721. Although CIP information will be helpful in determining eligibility, do not wait to approve the case because the CIP has not been returned. If the case has been transferred to an ongoing unit, the worker who has been assigned the case is responsible for exploring the CIP information and taking appropriate action, when necessary.

When a case is due for a redetermination, it is selected for the FOR-2 report. Cases on the FOR-2 report are matched against the files of other agencies. The resulting CIP's are sent to the local office to assist FAW's in redetermining cases accurately. These CIP's are titled FOR-2 Redetermination Match See Section: 5732 for an example. A listing of the CIP's for each caseload will be sent with the CIP's. This listing is titled the FOR-2 Disposition Log. See Section: 5731. If a computer match case reappears on the FOR-2 report the month after the redetermination, a new CIP will be issued. If the new CIP is essentially the same as the CIP that was used in the redetermination, destroy one copy of the CIP. Write "DUPLICATE" across the top of the other and give it to your Supervisor. If a computer match case on the FOR-2 report for a certain month has not, or will not, be redetermined during that month, destroy both copies of the CIP. Do not place them in the case folder. A new CIP will be issued the following month.

Special projects may periodically result in CIP's being sent to local offices. A special project may be done, for example, on a one time only match. Special projects will have instructions explaining the procedures to be used.

The top portion or CIP header contains identifying information from the Department's masterfile. See Section: 5740 for a description of this information.

In addition, to the CIP header, the CIP contains separate portions for each agency, including this Department, with which a match occurred. The sections which follow in the 2500 series describe the information in each portion of the CIP and contain procedures for comparing that information with the information in the case record reported by the applicant or recipient in order to determine whether the information is relevant, and if it is relevant, to determine whether a discrepancy exists. For each portion other than the header, you must go to the one of the following CAG's in the 2500 series which describes the match information from that source. After you follow the instructions in each CAG for each portion of the CIP, you must return to Section 2500, this section of the Handbook, for coding instructions. After deciding on the relevancy and the existence of a discrepancy using the instructions in the following sections, code the CIP in the Action Code blanks in accordance with the chart below. There are three blanks but a maximum of two will be used on any one case.

Do a case review on a closed case whether or not the closing was voluntary. Determine whether a BSI referral is indicated. See CAG 4910: BSI Referrals. If so, complete a Referral for Investigation (RFI-1).

CODING

Code both sides of the CIP as indicated on the chart below. Place the coded CIP's with the application or redetermination material before submitting the case to your supervisor.

If a case matches with more than one agency, code according to the cumulative effect of the information. For example, if one match has no discrepancy but the other match causes a grant decrease, code for a decrease. Use these codes only in relation to the effect the CIP information has on the case. For example, if the match is irrelevant but a child leaves the home causing a grant decrease, code no change. If a case voluntarily closes before the recipient is made aware of the match information, also code no change. If a case voluntarily closes after the recipient is made aware of a discrepancy due to the match information, code that is has been closed.

I. Use one of the following four codes in the first Action Code Block on the CIP:

	Application	Redetermination
N - No change	When the match information is irrelevant, when it shows no discrepancy, or when no change has taken place for some other reason, for example, the case has been closed, denied or the discrepancy no longer exists.	
D - Decrease	When the match information causes the grant to be lower than it otherwise would have been.	When the match information causes a grant decrease.
I - Increase	When the information received from a match causes the grant to be higher than it otherwise would have been.	When the match information causes a grant increase.
C - Closed	When a case is denied because of information received from a computer match.	When the information causes the closing of an active case

II. Code the second Action Code Block on the CIP to indicate whether a fraud referral RFI-1 has been completed.

	Application	Redetermination
B - Fraud Referral	Use this code whenever a RFI-1 has been completed due to information received from the computer match. This code must be used in conjunction with another code. Leave the second block blank if no RFI-1 has been completed.	

III. Do not fill in the third Action Code Block or any other block in the header.

2510: FMCS MATCH PROCEDURES

The FMCS match is an internal match. The names and Social Security numbers of applicants on the AP-1 Part A are matched against the Department's own files. This match will be, therefore, done only at application.

The FMCS match is unlike the matches with other agencies in that its major function is to make sure the Department's computer files are accurate. Some discrepancies, however, will also be discovered through this match. See Section: 5741 for a detailed description of the information on this portion of the CIP.

Compare the information on the CIP with the information on the AP-1. Information that is already on the AP-1 is not relevant (e.g., the family had been receiving NPA food stamps).

CIP information which is not on the AP-1 must be explored. Take appropriate action when necessary. For example, if the CIP shows a closed AFDC case in another local office, make arrangements to have the closed case transferred. If the CIP shows that a closed case was receiving DES benefits or was employed while the case was open, examine the case record to determine whether a BSI referral is indicated. See CAG 4910: BSI Referrals. If so, complete a Referral for Investigation (RFI-1). If an RFI-1 has already been completed on this matter, a second is not necessary.

Other examples of necessary action are:

. If the CIP indicates a match with NPA-FS, and the AP-1 does not contain this information, you must inform the NPA-FS worker if the AFDC application is approved. Note this contact in the case record.

. If the CIP indicates a match with a Medicaid category, and the AP-1 does not have this information, you must determine whether any persons in the applicant household are recipients of the Medicaid category by contacting the Medicaid worker. You must inform the Medicaid worker whether any of these persons are to be approved for AFDC so that the Medicaid worker can make an adjustment in the Medicaid case. Note this contact in the case record.

. If the CIP indicates a match with another cash assistance category you must verify by contacting the other worker that a closing has been submitted on the case. Note this contact in the case record.

2520: DES MATCH PROCEDURES

The Division of Employment Security (DES) pays unemployment compensation (UC) to eligible individuals who have lost their jobs or are underemployed. A computer is used to compare names and Social Security numbers of individuals receving DES benefits with applicants and recipients of AFDC. When a match occurs, a CIP is printed with all of the available data.

Compare the data on the CIP with the information in the case record to determine whether the information is relevant and, if relevant, whether a discrepancy exists in accordance with the following instructions.

Relevancy

The information on the CIP is relevant unless it is about an individual whose DES benefits would not be deducted from the grant. For example, information that an aunt not included in her niece's grant is collecting UC is not relevant. If the information is not relevant, no further action is needed on the DES portion of the CIP. If the information is relevant, use the following instructions to determine whether a discrepancy exists.

Discrepancy

A discrepancy exists when information that affects AFDC is not recorded in the case record. A discrepancy exists for DES match purposes when the CIP shows that the recipient was collecting DES benefits which were not accurately recorded in the case record.

Determine whether the applicant or recipient has unreported DES benefits by comparing the information in the case record with the information on the CIP. See Section: 5742 for a detailed description of the information on this portion of the CIP. Last Check Date and Number of Payments are particularly important in determining the time period to use when determining whether a discrepancy exists. To estimate the beginning of the time period, take the Number of Payments and count backward that number of weeks from the Last Check Date. The end of the time period is the Last Check Date. The date for the beginning of the time period is only an estimate because UC checks are not necessarily paid on consecutive weeks. The Last Check Date shows when the individual received his/her most recent check, not necessarily the final check. If Balance Remaining is zero, benefits have been terminated although benefits may terminate with a balance remaining. If zeroes are in Last Check Date and following sections, no benefits have been paid. Although, if Filing Date is recent, benefits may be pending.

If the case has not been determined eligible or received any initial benefits such as OTC/ATP, discuss the information on the CIP with the applicant. The applicant must go to DES with a DPW/UCI-1 form (see Section: 5753 for an example). The applicant is responsible for having the form completed and signed then returning it to the intake worker. The applicant who is eligible for UC benefits must pursue the resource before the AFDC grant can be determined. No further action is needed on this portion of the CIP.

If the case has been determined eligible or has received initial benefits, complete a Referral for Investigation form (see CAG 5610: RFI-1, Referral for Investigation) on every case with a discrepancy.

Schedule a redetermination or interview with the applicant, except for the following situations:

- If the case with discrepancy has been closed, no further action is necessary on the DES portion of the CIP.
- Sometimes a CIP may turn up on a case that was reviewed during the preceding month. If the information is known to the case record due to a CIP that was previously received, or from some other source, no further action is necessary on this portion of the CIP. If the information on the CIP is new and contains a discrepancy, complete an RFI-1. Discuss with your supervisor whether another redetermination is necessary.

If a redetermination or interview with the applicant is necessary, be sure that RFI-1 is completed before the interview. In such cases, inquiry into the past information indicated by the computer match is the responsibility of the Bureau of Special Investigation (BSI) and may not be pursued by the AFDC worker. Rather, you should make the individual aware of the computer match information and then ask about present eligibility by saying "As a result of a computer match between the Welfare Department and the Division of Employment Security, your name was listed as receiving Unemployment Compensation until / / (last check date). Are you presently receiving Unemployment Benefits?"

The individual who denies receiving current UC benefits must produce a DPW/UCI-1 form signed by DES (See Section: 5753).

The individual who affirms receiving current UC benefits must verify the amount of these benefits through a copy of a current UC check or by producing a letter from DES stating the current UC benefit amount.

During the redetermination interview, the individual may volunteer information that indicates that an overpayment may have occurred. If it appears that this was not due to Department error, record the information and submit another RFI-1, marking it "second referral". Do not ask questions about information volunteered by the individual.

2530: DOR MATCH PROCEDURES

Each quarter employers in Massachusetts are required to report the wages of their employees to the Department of Revenue (DOR). This information can be utilized to more accurately determine earnings information in our case files. By comparing DOR wage reports for individuals with our case record data, names and Social Security numbers in employer's wage reports are compared with the names and Social Security numbers of individuals in cases that are being initially determined or redetermined. When there is a high probability that we have identified the right person's wages, the computer prints out a DOR portion onto a Client Identification Page (CIP). See Section: 5743 for a detailed description of this part of the CIP.

Compare the data on the CIP with the information in the case record to determine whether the information is relevant, and if relevant, whether a discrepancy exists in accordance with the following instructions.

Relevancy

The information on the CIP is relevant unless it is about a person whose income would not be deducted from the grant. For example, information about the employer of a grandmother who is not included in the grandchildren's AFDC grant is not relevant.

Since many companies which maintain work locations in Massachusetts have their corporate headquarters outside the State, the "Employer Address" information on the CIP will often indicate an out-of-state address. Therefore, a match should not be dismissed as inaccurate simply because an out-of-state employer address appears on the CIP. Occasionally both a parent organization and a subsidiary will send wage reports on the same individual to DOR. If wages for both quarters are identifical, but work locations are different, especially if the work locations are widely separated geographically, assume it is a duplicate report.

If the information is not relevant, no further action on the DOR portion of the CIP is necessary. If the information is relevant, determine whether a discrepancy exists.

Discrepancy

A discrepancy exists when information that would have affected AFDC is not recorded accurately in the case record. A discrepancy exists for DOR match purposes when the CIP shows that:

- The applicant or recipient was working for an employer who is not recorded in the case record; and/or
- The applicant or recipient was earning an amount that is at least $30/month ($90/quarter) over the gross wages reported in the case record for that quarter. Complete a DOR Discrepancy Form (Section: 5751) to determine whether this discrepancy exists in the case of an individual for whom you receive a CIP and file it in the case record.

If there is no discrepancy, no further action is necessary on the DOR portion of the CIP.

Unless the discrepancy concerns an applicant who has received no initial benefits (Such as OTC/ATP), complete a Referral for Investigation (see CAG 5610: (RFI, Referral for Investigation). Be sure to check for a discrepancy in PA food stamps if the assistance unit receives them.

Schedule a redetermination or interview with the applicant in all but the following situations.

- If the case with the discrepancy has been closed, no further action is necessary on the portion of the CIP.
- Sometimes a CIP may turn up on a case that was reviewed during the single preceding month. If the information is known to the case record due to a CIP that was previously received or some other means, and contains a discrepancy, complete a RFI-1. Discuss with your supervisor whether another redetermination is necessary.

If a redetermination or interview with the applicant is necessary, be sure the RFI-1 is completed before the interview. In such cases, inquiry into the past information indicated by the computer match is the responsibility of the Bureau of Special Investigations (BSI) and may not be pursued by the AFDC worker. Rather you should make the individual aware of the computer match information and then ask "As a result of a computer match between the Welfare Department and the Department of Revenue from (date) to (date), your name was listed as having earnings during that period from (employer). Are you presently employed by this employer?"

- If the individual denies current employment by the computer match employer, verification of non-employment must be produced.
- If the individual affirms current employment by the computer match employer, (s)he must be required to produce verification of the current employment information (earnings, work-related expenses, etc.) See CAG 4330: Verification of Earned Income.

Verifying Non-Receipt of Income

If the individual reports that (s)he is not currently employed by the DOR match employer(s), a DORL-1, (Section: 5752) verifying this, signed by the employer(s) must be submitted. To expedite this process, send the DORL-1 directly to the employer(s) unless the recipient states that (s)he chooses to submit it to the employer(s).

NOTE: If the CIP states that the employer is the Commonwealth of Massachusetts or the City of Boston, and if you are sending the DORL-1 directly to the employer(s), you must send the DORL-1 to the appropriate division within the Commonwealth or the City of Boston. If the recipient does not supply you with the name of the division, within the Commonwealth or the City of Boston, you must submit the recipient's name and Social Security number to the Director or designee. He or she will make an inquiry and furnish you with the name and address of the appropriate division.

Before you send the form to the employer(s) or give it to the individual, make sure that the individual signs it, that you have indicated your return address on the letter and that you have made a copy for the case record. If the individual has chosen to submit the DORL-1 to the employer, inform the individual that the DORL-1 must be returned within two weeks.

Refusal of the individual to sign the DORL-1 will be cause for termination of assistance (Manual Citation: 302.310). Keep a record of the DORL's you have sent and when they must be returned.

If you have sent the DORL-1 directly to the employer(s) and it has not been returned completed within two weeks, make a copy of the DORL-1 in the case record and send the copy to the employer(s). If this copy has not returned within two weeks, assume that the employer(s) is unable or unwilling to return the form. Make another copy of the DORL-1 in the case record and submit the copy to the Director or designee. No further action on the DORL-1 is necessary.

If the individual has chosen to submit the DORL-1 to the employer(s) and it has not been returned within two weeks, inform the individual that you must send a new DORL-1 directly to the employer(s). Before you send the new DORL-1 to the employer(s), the individual must sign it. (Refusal of the individual to sign the DORL-1 will be cause for termination of assistance. Manual Citation: 302.310). Indicate your return address on the DORL-1 and make a copy of it for the case record. If the second DORL-1 has not been returned within two weeks, assume that the employer(s) is unable or unwilling to return the form. Make another copy of the DORL-1 in the case record and submit the copy to the Director or designee. No further action on the DORL-1 is necessary.

During the interview, the individual may volunteer information which indicates that overpayment may have occurred. If it appears that this was not due to Department error, record the information and submit another RFI-1 marking it "second referral". Do not ask questions about the information volunteered by the individual.

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3000 USING CASE SITUATION GUIDES

Part III of the Handbook consists of Case Situation Guides (CSGs). Each CSG is a step-by-step identification of the actions which you must take to complete the processing of a case in a particular situation.

The situations covered in Part III fall into three major categories:

- Case Situations Related to Categorical Eligibility;
- Case Situations involving Earned Income;
- Case Situations involving Unearned Income and Assets; and
- Other case situations.

The situations covered are the most common situations that will come to your attention; there will, of course, be others that are not covered here.

CSGs are meant to be used together with the Case Action Guides (CAGs) in Part IV. Each CAG is a step-by-step directive for doing a particular AFDC-related task, such as completing WIN forms or calculating a grant amount.

At each step in the CSG, there is a reference to a CAG which tells you how to do whatever is required. Occasionally, you will be be referred to another CSG.

3110 CHILD TURNS AGE 6

Step 1: Determine whether the dependent child turning age 6 is the youngest child in the assistance unit.

. If (s)he is the youngest child, go to Step 2.

. If (s)he is not the youngest child, no further action is necessary.

Step 2: Contact the mother (or other grantee-relative) to inform her of the requirements of the WIN Program and to determine whether or not (s)he qualifies for another exemption. See CAG 4500: WIN Requirements, and CAG 4520: WIN Exemptions.

. If (s)he claims a medical exemption, inform him or her of the responsibility to provide verification within 30 days (see CAG 4520: WIN Exemptions) and allow him or her a temporary exemption. Go to Step 7.

. If (s)he appears to qualify for another exemption, require appropriate verifications. See CAG 4520: WIN Exemptions. Go to Step 3.

. If (s)he does not appear to qualify for any exemption, go to Step 5.

Step 3: If the recipient provides required verifications, go to Step 4.

If the recipient does not provide required verifications (see CAG 4710: Unreasonable Failure to Cooperate With Program Requirements), go to Step 5.

Step 4: If verifications support the exemption, go to Step 7.

If verifications do not support the exemption, go to Step 5.

Step 5: Inform the recipient that (s)he must register for WIN.

If the recipient agrees to register, go to Step 6.

If the recipient refuses to register, go to CSG 3150: Applicant or Recipient Refuses to Register for WIN.

Step 6: Fill out the WIN-1, have the recipient sign it, refer him or her to DES/WIN, and forward a copy of the WIN-1 to DES/WIN. See CAG 4511: Referring WIN Registrants and Recording WIN Status. Go to Step 8.

Step 7: Fill out WIN-1 noting exempt status. See CAG 4511: Referring WIN Registrants and Recording WIN Status. Do not Forward to WIN, but if it is a temporary exemption, note in the case record that it expires in 30 days. The recipient's WIN status must be reviewed at that time. Go to Step 8.

Step 8: If there has been a change in WIN status or exemption code, change the WIN code on the Recipient Master File; see Appendix II: Using the Turnaround Document.

3111 CHILD TURNS AGE 16

Step 1: Determine whether the child is attending school on a full-time basis; see CAG 4523: School Attendance and WIN Exemptions.

. If (s)he is, go to Step 7.

. (f (s)he is not attending school on a full-time basis, or if requested, verification of school attendance is not provided (see CAG 4710: Unreasonable Failure to Cooperate With Program Requirements, go to Step 2.

Step 2: Contact the grantee-relative to inform him or her of the requirements of the WIN Program and to determine whether or not the child qualifies for an exemption other than full-time school attendance. See CAG 4500: WIN Requirements and CAG 4520: WIN Exemptions.

. If (s)he claims a medical exemption, inform him or her of the responsibility to provide verification within 30 days (see CAG 4520: WIN Exemptions) and allow him or her a temporary exemption. Go to Step 7.

. If (s)he appears to qualify for another exemption, require appropriate verifications. See CAG 4520: WIN Exemptions. Go to Step 3.

. If (s)he does not appear to qualify for any exemption, go to Step 5.

Step 3: If the child provides required verifications, go to Step 4.

If the child does not provide required verifications (see CAG 4710: Unreasonable Failure to Cooperate With Program Requirements), go to Step 5.

Step 4: If verifications support the exemption, go to Step 7.

If verifications do not support the exemptions, go to Step 5.

Step 5: Inform the grantee-relative that the child must register for WIN.

. If the child agrees to register, go to Step 6.

. If the child refuses to register, go to CSG 3150: Applicant or Recipient Refuses to Register for WIN.

Step 6: Fill out the WIN-1, have the recipient sign it, refer him or her to DES/WIN, and forward a copy of the WIN-1 to DES/WIN. See CAG 4511: Referring WIN Registrants and Recording WIN Status. Go to Step 8.

Step 7: Fill out WIN-1, noting exempt status. See CAG 4511: Referring WIN Registrants and Recording WIN Status. Do not forward to WIN, but if it is a temporary exemption, note in the case record that it expires in 30 days. The recipient's WIN status must be reviewed at that time. Go to Step 8.

Step 8: If there has been a change in WIN status or exemption, change the WIN code on the Recipient Master File; see Appendix II: Using the Turnaround Document.

3112 CHILD TURNS AGE 18

Step 1: Determine whether the child meets the AFDC requirements of student status and request verification of this status, if necessary; see CAG 4013: Dependent Child 18, 19, or 20.

- If (s)he meets these requirements, go to Step 2.
- If (s)he does not meet the student status requirements, or if verification, if necessary, is not provided (see CAG 4710: Unreasonable Failure to Cooperate With Program Requirements), go to Step 10.

Step 2: Determine whether the child is attending school full-time; see CAG 4013: Dependent Child 18, 19 or 20 for definitions of full- and part-time enrollment.

- If (s)he is a full-time student, or a part-time student who is registered for WIN, there is no change in the grant. Note in the case record that student status was checked and/or verified and that no further action was necessary.
- If (s)he is a part-time student who is not registered with WIN, go to Step 3.

Step 3: Contact the grantee-relative to inform him or her of the requirements of the WIN Program and to determine whether the child qualifies for exemption other than full-time school attendance. See CAG 4500: WIN Requirements and CAG 4520: WIN Exemptions.

- If (s)he claims a medical exemption, inform him or her of the responsibility to provide verification within 30 days (see CAG 4520: WIN Exemptions) and allow him or her a temporary exemption. Go to Step 8.
- If (s)he appears to qualify for another exemption, require appropriate verifications. See CAG 4520: WIN Exemptions. Go to Step 4.
- If (s)he does not appear to qualify for any exemption, go to Step 6.

Step 4: If the recipient provide required verifications, go to Step 5.

If the recipient does not provide required verifications (see CAG 4710: Unreasonable Failure to Cooperate With Program Requirements), go to Step 6.

Step 5: If verifications support the exemption, go to Step 8.

If verifications do not support the exemption, go to Step 6.

Step 6: Inform the recipient that the child turning 18 must register for WIN.

If the child agrees to register, go to Step 7.

If the child refuses to register, go to Step 10.

Step 7: Fill out the WIN-1, have the recipient sign it, refer him or her to DES/WIN, and forward a copy of the WIN-1 to DES/WIN. See CAG 4511: Referring WIN Registrants and Recording WIN Status. Go to Step 9.

Step 8: Fill out WIN-1 noting exempt status. See CAG 4511: Referring WIN Registrants and Recording WIN Status. Do not forward to WIN, but if it is a temporary exemption, note in the case record that it expires in 30 days. The recipient's WIN status must be reviewed at that time. Go to Step 9.

Step 9: If there has been a change in WIN status or exemption code, change the WIN code on the Recipient Master File; see Appendix II: Using the Turnaround Document.

Step 10: If the child is the only child in the assistance unit, go to Step 12.

If the child is not the only child in the assistance unit, go to Step 11.

Step 11: Recalculate the grant, excluding the child who has turned 18 from the assistance unit. Determine the effective date and prepare and submit a TD to make the required changes; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closing by a NFL-10; see CAG 5010: Using the NFL-10. Go to Step 13.

Step 12: The case must be closed. Determine the effective date of the closings and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions With Advance Notice and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closing by a NFL-1; see CAG 5001: Using the NFL-1. Go to Step 13.

Step 13: Consider, or arrange for the consideration of, the unit's or individual members' eligibility for NPA Food Stamps, General Relief, and/or Medicaid-only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3113 CHILD TURNS AGE 21

Step 1: If the child who has turned 21 is the only child in the assistance unit, go to Step 3. If there are other children in the assistance unit, go to Step 2.

Step 2: Recalculate the grant, excluding the child who has turned 21 from the assistance unit. Determine the effective date and prepare and submit a TD to make the required changes; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the unit by a NFL-10; see CAG 5010: Using the NFL-10. Go to Step 4.

Step 3: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closing by a NFL-1; see CAG 5001: Using the NFL-1. Go to Step 4.

Step 4: If appropriate, notify DES/WIN and the CSEU of the change; see CAG 4512: Notifying DES/WIN of Changes and CAG 5233: Form A-32B, Notice of Change. Go to Step 5.

Step 5: Consider or arrange for the consideration of the unit's or individual members' eligibility for NPA Food Stamps, General Relief, and/or Medicaid-Only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3120 CHILD MARRIES

Note: If child leaves home, see CSG 3121: Child Leaves Home.

Step 1: If the child who has married is the only child in the assistance unit, go to Step 3. If there are other children, go to Step 2.

Step 2: Recalculate the grant, excluding the child who has married from the assistance unit. Determine the effective date and prepare and submit a TD to make the required changes; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the unit by a NFL-10; see CAG 5010: Using the NFL-10. Go to Step 4.

Step 3: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closing by a NFL-1; see CAG 5001: Using the NFL-1. Go to Step 4.

Step 4: Consider or arrange for the consideration of the unit's or individual members' eligibility for NPA Food Stamps, General Relief, and/or Medicaid-Only. See CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3121 CHILD LEAVES HOME

Step 1: Determine which of the following is the reason for the child's absence:

- If the child's whereabouts are unknown, see CSG 3141: Member of the Assistance Unit Cannot Be Located.
- If the child has established another residence, go to Step 3.
- If the child is absent from the home for a temporary purpose such as hosptialization, school attendance, employment, or visits, go to Step 2.
- If the child is spending time with another relative under a shared custody arrangement, go to Step 2.
- If the child has been removed from the home by a court or placed in foster care, go to Step 6.

Step 2: Determine whether the child can still be considered to be living in the home; see CAG 4030: Living Arrangement.

- If (s)he still meets the requirement that (s)he live in the home, there is no change in the grant or assistance unit and no further action is necessary.
- If (s)he no longer meets the requirement that (s)he live in the home, go to Step 3.

Step 3: If the child is the only child in the assistance unit, go to Step 5.

If the child is not the only child in the assistance unit, go to Step 4.

Step 4: Recalculate the grant and Food Stamps, if any, excluding the child from the assistance unit. Determine the effective date and prepare and submit a TD to make the required changes; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the unit by a NFL-10; see CAG 5010: Using the NFL-10.

Step 5: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the assistance Unit of the closing by a NFL-1; see CAG 5001: Using the NFL-1. Go to Step 7.

Step 6: Recalculate the grant and Food Stamps, excluding the child from the assistance unit, and notify the unit of the change on a NFL-11; see CAG 5011: Using the NFL-11. If the child is the only child in the assistance unit, notify the unit that the case is being closed on a NFL-11. Prepare and submit a TD to make the required changes; see CAG 4731: Case Closings and Reductions Without Advance Notice and Appendix II: Using the Turnaround Document. If the case is being closed, go to Step 7.

Step 7: If appropriate, notify DES/WIN and the CSEU of the change; see CAG 4512: Notifying DES/WIN of Changes and CAG 5233: Form A-32B, Notice of Change. Go to Step 8.

Step 8: Consider, or arrange for the consideration of the unit's eligibility for NPA Food Stamps, General Relief, and/or Medicaid only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3122 PARENT LEAVES HOME

Step 1: Determine which of the following is the reason for the parent's absence:

- The parent's whereabouts are unknown, go to CSG 3141: Member of the Assistance Unit Cannot Be Located.
- The parent has established another residence, go to Step 3.
- The parent is absent from the home for a temporary purpose such as hospitalization, school attendance, employment, or visits, go to Step 2.

Step 2: Determine whether the parent can still be considered to be living in the home; see CAG 4030: Living Arrangement.

- If (s)he still meets the requirement that (s)he live in the home, there is no change in the grant or assistance unit. Go to Step 8.
- If (s)he no longer meets the requirement that (s)he live in the home, go to Step 3.

Step 3: Determine whether the parent who has left the home was:

- The grantee-relative, go to Step 4.
- Not the grantee-relative, go to Step 6.

Step 4: Determine whether there is someone else in the home to serve as the grantee-relative.

- If there is, refer the case to intake (to determine the eligibility of the case with a new grantee-relative) and go to Step 5.
- If there is not, immediately bring the case to the attention of Social Services; see CAG 4830: Making Social Services Referrals. Go to Step 5.

Step 5: The case must be closed. Determine the effective date of the closings and prepare and submit a TD to close the case; see CAG 4730: Closings and Reductions With Advance Notice and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closing by a NFL-1; see CAG 5001: Using the NFL-1. Go to Step 7.

Step 6: Recalculate the grant and Food Stamps, if any, excluding the parent who has left from the assistance unit. Determine the effective date and prepare and submit a TD to make the required changes; see CAG 4730: Case Closings and Reductions With Advance Notice and Appendix II: Using the Turnaround Document. Notify the unit by a NFL-10; see CAG 5010: Using the NFL-10. Go to Step 7.

Step 7: If appropriate, notify the CSEU and DES/WIN of the change; see CAG 5233: Form A-32B, Notice of Change and CAG 4512: Notifying DES/WIN of Changes.

Step 8: Refer the case to Social Services; see CAG 4830: Making Social Services Referrals.

3123 CHILD IS BORN

Step 1: Determine whether the recipient wishes to add the child to the assistance unit. If so, go to Step 2. If not, take no action.

Step 2: Inform the recipient that the Department will act within 21 calendar days to increase the grant if required verification is provided within 12 calendar days. See CAG 4750: Time Standards for Department Action and Recipient Verification. Go to Step 3.

Step 3: Request verification of the baby's birth; see CAG 4011: Dependent Child Under 18.

- If verification is provided, go to Step 4.
- If verification is not provided (see CAG 4710: Unreasonable Failure to Cooperate with Program Requirements), go to Step 9.

Step 4: Refer the recipient to the Social Security Administration District Office to obtain a Social Security number for the baby; see CAG 4060: Social Security Number.

- If Form ENUM-2 (or other verification) is signed by SSA and returned, go to Step 5.
- If Form ENUM-2 (or other verification) is not signed by SSA or not returned, go to Step 9.

Step 5: If the baby is deprived of parental support on the basis of the death, incapacity, unemployment or either parent or continued absence if the parent is a convict sentenced to and performing unpaid public service, while allowed to live in the home, go to Step 7.

If the baby is deprived of parental support on the basis of the continued absence from the home of a parent except when the parent is a convict performing unpaid public service, go to Step 6.

If the baby is not deprived of parental support for any of these reasons, go to Step 9.

Step 6: Refer the case to CSEU via Form A-32. See CAG 5232: A-32, Notice to the Child Support Enforcement Unit. Have the parent complete Form A-36 and A-34. See CAG 5236: A-36, Notice Regarding the Child Support Enforcement Program and CAG 5234: Assignment of Support Rights.

- If the parent refuses to comply with CSE requirements, go to CSG 3153: Recipient Refuses to Comply with Child Support Enforcement Requirements.
- If the parent complies with CSE requirements, go to Step 7.

Step 7: Recalculate the grant and Food Stamps, adding the baby to the assistance unit. See CAG 4400: Calculating the Grant Amount. Determine the start date of the increase; see CAG 4761: Start Date for Grant Increases Due to Changes in the Composition of the Assistance Unit. Prepare and submit a TD to make the necessary changes; see Appendix II: Using the Turnaround Document. Notify the assistance unit of the increase using NFL-6. See CAG 5006: Using the NFL-6. Go to Step 8.

Step 8: Advise the recipient of the possibility of receiving payments for a crib and mattress and layette for the infant. Determine eligibility for such benefits.

- If the infant is less than six months old, and the recipient claims that no crib and mattress and/or layette is available from any other sources, authorize infant benefits. See CAG 4816: Authorizing Crib and Layette Payments. Go to Step 13.
- If the infant is more than six months old, or such benefits are available from another source, inform the recipient that benefits cannot be authorized. Go to Step 13.

Step 9: If the baby is the only child (that is, the recipient was previously receiving assistance on the basis of pregnancy), go to Step 11.

If the baby is not the only child, go to Step 10.

Step 10: There is no change in the grant. Deny the request for a grant increase using a NFL-17; see CAG 5017: Using the NFL-17. Consider the necessity of NPA Food Stamps. Go to Step 13.

Step 11: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closing by a NFL-1; see CAG 5001: Using the NFL-1. Go to Step 12.

Step 12: If appropriate, notify DES/WIN and the CSEU of the change, see CAG 4512: Notifying DES/WIN of Changes and CAG 5233: Form A-32B, Notice of Change.

Consider or arrange for consideration of the unit's or individual members' eligibility for NPA Food Stamps, General Relief, and/or Medicaid-Only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

Step 13: Reassess the WIN status of the parent of the baby to determine whether it is affected by the birth of the baby (for example, the exemption status changes from pregnancy to child under 6 in the home). If so, notify the recipient and DES/WIN, if necessary, and change the WIN code on the Recipient Master File; see Appendix II: Using the Turnaround Document.

3124 CHILD RETURNS HOME

Step 1: Determine whether the child returning home:

- Is or has been in foster care, or in the care and custody of an agency or Department of the Commonwealth. Go to Step 2.
- Has not been included in the assistance unit for some other reason. Go to Step 7.

Step 2: Have the recipient obtain or have sent to you an advance written notice from the relevant agency or Department of the Commonwealth of the timing and duration of the child's visit or return. The notice must contain a statement that no AFDC-FC payment will be made to the provider of foster care for the time the child is home.

- If the notice is provided, go to Step 3.
- If the notice is not provided (see CAG 4710: Unreasonable Failure to Cooperate with Program Requirements), inform the recipient that the unit will receive no additional benefits. No further action is necessary.

Step 3: If the notice indicates that the child's return is for less than 30 days, go to Step 4.

If the notice indicates that the child has returned for a period of 30 days or more, go to Step 7.

Step 4: Ask the relative whether (s)he would like food vouchers for the days the child is at home.

- If so, go to Step 5.
- If not, no further action is necessary.

Step 5: Determine whether the relative:

- Is currently receiving AFDC, or
- Was receiving AFDC and became ineligible because the child was removed from the home, and currently meets the financial eligibility requirements of any Department program.

If the relative meets either of the above conditions, go to Step 6.

If the relative meets neither of the above conditions, inform the relative that food vouchers cannot be issued.

Step 6: Issue food vouchers in the amount of $1.80 per day of the planned visit. See CAG 4780: Authorizing Vendor Payments.

Step 7: If the relative is already receiving AFDC for children in the home, inquire whether (s)he wishes to add the child to the assistance unit. If so, go to Step 8. If so, go to Step 8. If not, there is no change in the AFDC eligibility or grant level.

If the relative is not currently receiving AFDC for children in the home, inquire whether (s)he wishes to apply for AFDC. If so, refer him or her to the intake unit. If not, no further action is necessary.

Step 8: Determine whether the child meets the AFDC requirements of dependency (CAG 4010), relationship (CAG 4020), living arrangement (CAG 4030), residence (CAG 4040), citizenship (CAG 4050), deprivation (CAG 4070), and Social Security number (CAG 4080). If necessary, refer the relative to the CSEU.

. If all requirements are met, go to Step 9.

. If the child does not meet the AFDC eligibility requirements, or the relative does not comply with requirements for establishing eligibility (see CAG 4710: Unreasonable Failure to Cooperate with Program Requirements), deny the request, using a NFL-17. See CAG 5017: Using the NFL-17. Go to Step 10.

Step 9: Recalculate the grant and Food Stamps, adding the child to the assistance unit; see CAG 4400: Calculating the Grant Amount. Determine the effective date of the new grant; see CAG 4761: Start Date for Grant Increases Due to Changes in the Composition of Assistance Unit. Prepare and submit a TD to make the required changes; see Appendix II: Using the Turnaround Document. Notify the assistance unit of the increase using an NFL-6. See CAG 5006: Using the NFL-6.

Step 10: Consider or arrange for the consideration of the unit's eligibility for NPA Food Stamps, and of the child's eligibility for General Relief, and/or Medicaid-Only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3125 ABSENT PARENT RETURNS HOME

Step 1: Determine if the other parent is already in the home.

° If (s)he is, go to Step 3.

° If (s)he is not, go to Step 2.

Step 2: Ask the returned parent whether (s)he wants to be included in the assistance unit. Inform him or her that whether or not (s)he is included, his or her income must be considered in determining the children's grant.

° If (s)he wishes to be included, close the case and refer the parent to the intake unit.

° If (s)he doe not wish to be included, go to Step 7.

Step 3: Determine whether either parent meets the AFDC criteria for unemployment, continued absence, or incapacity; see CAG 4074: Deprivation Due to Unemployment; CAG 4071: Deprivation Due to Continued Absence and CAG 4073: Deprivation Due to Incapacity.

° If at least one parent is incapacitated, a convict sentenced to and performing unpaid public service, or unemployed according to AFDC criteria, go to Step 4.

° If neither parent is either incapacitated or unemployed or required verification that they meet one of these conditions is not provided, see CAG 4710: Unreasonable Failure to Cooperate With Program Requirements, go to Step 11.

Step 4: Ask the returned parent whether (s)he wants to be included in the assistance unit. Inform him or her that whether or not (s)he is included, his or her income must be considered in determining the children's grant.

° If (s)he wishes to be included, go to Step 5.

° If (s)he does not wish to be included, go to Step 7.

Step 5: Determine whether the returned parent meets all other applicable AFDC requirements, that is, relationship (see CAG 4020: Relationship), citizenship (see CAG 4050: Citizens, Aliens and Canadian Born Indians), verification of or application for a social security number (see CAG 4060: Social Security Number), registration for WIN or verification of exemption status (see CAG 4500: WIN Requirements).

° If (s)he does, go to Step 6.

° If (s)he does not, or if verification that (s)he meets these requirements is not provided (see CAG 4720: Unreasonable Failure to Cooperate With Program Requiremens), go to Step 7.

Step 6: Reassess the financial eligibility of the assistance unit including any income or assets of the returned parent; see CAG 4311: Retesting Income Eligibility When Members are Added to the Assistance Unit. See also CAG 4200: The Asset Test of Financial Eligibility.

- If the assistance unit is still financially eligible, go to Step 8.
- If the assistance unit is financially ineligible, go to Step 11.

Step 7: Reassess the financial eligibility of the assistance unit, including any income of the returned parent; see CAG 4311: Retesting Income Eligibility When Adding Members to the Assistance Unit.

- If the unit is still financially eligible, go to Step 8.
- If the unit is no longer eligible, go to Step 11.

Step 8: Recalculate the grant amount, considering the income of the returned parent, if any; see CAG 4400: Calculating the Grant Amount. If the returned parent is to be included, the Standard of Assistance used is that for the number of persons in the unit including him or her; if (s)he is not to be included, the standard is that for the number of persons not including him or her.

- If the grant increases, go to Step 9.
- If the grant decreases, go to Step 10.

Step 9: Determine the start date of the increase; see CAG 4761: Start Date for Grant Increases Due to Changes in the Composition of the Assistance Unit. Prepare and submit a TD to make the necessary changes; see Appendix II: Using the Turnaround Document. Notify the unit of the increase on a NFL-6; see CAG 5006: Using the NFL-6. Go to Step 12.

Step 10: Determine the effective date of the new grant and TD to make the required changes; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the unit by a NFL-10; see CAG 5010: Using the NFL-10. Go to Step 12.

Step 11: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closing by a NFL-1; see CAG 4701: Using the NFL-1. If appropriate, notify DES/WIN and the CSEU of the closing; see CAG 4512: Notifying DES/WIN of Changes and CAG 5233: Form A-32B, Notice of Change. Consider or arrange for the consideration of the unit's or individual members' eligibility for NPA Food Stamps, General Relief, and/or Medicaid-Only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

Step 12: Notify the CSEU of the absent parent's return. See CAG 5233: Form A-32B, Notice of Change.

3126 PHYSICAL OR MENTAL INCAPACITY OF PARENT CEASES

Step 1: If the parent whose incapacity has ceased is the only parent in the home, go to Step 6.

If there is another parent in the home, go to Step 2.

Step 2: Determine whether either parent in the home (1) is unemployed or underemployed and (2) has the required work history. See CAG 4074: Deprivation Due to Unemployment.

- If both parents meet the unemployment and work history requirements, go to Step 3.
- If only one parent meets these requirements, go to Step 4.
- If neither parent meets these requirements, go to Step 13.
- If verification of either requirement, if required, is not provided (see CAG 4710: Unreasonable Failure to Cooperate with Program Requirements), go to Step 13.

Step 3: Inform the parents that they must decide which of them will serve as the unemployed parent, and that the selected parent must apply for any Unemployment Compensation for which (s)he may be eligible and must register for WIN, unless exempt; see CAG 4521: Unemployed Parents and WIN Exemptions. Go to Step 4.

Step 4: Refer the parent qualifying as the UP to DES to apply for Unemployment Compensation Benefits, if applicable.

- If the parent verifies that (s)he has applied for UC, if applicable, go to Step 5.
- If the parent does not provide verification that (s)he has applied for UC (see CAG 4710: Unreasonable Failure to Cooperate with Program Requirements), go to Step 13.

Step 5: The parent qualifying as the UP must register for WIN (unless exempt as specified in CAG 4521: Unemployed Parents and WIN Exemptions.)

- If the parent is already registered, no further action is necessary.
- If the parent is not already registered, but agrees to register, go to Step 9.
- If the parent refuses to register, go to CSG 3151: Unemployed Parent Refuses to Register for WIN.

Step 6: Contact the parent to inform him or her of the requirements of the WIN program and to determine whether (s)he qualifies for any other exemption. See CAG 4500: WIN Requirements and CAG 4520: WIN Exemptions.

- If (s)he appears to be eligible for another exemption, and verifies this eligibility, if necessary, go to Step 7.

- If (s)he is not eligible for another exemption, or does not provide required verification of his or her exemption status, go to Step 8.

Step 7: Fill out WIN-1 noting exempt status. See CAG 4511: Referring WIN Registrants and Recording WIN Status. Do not forward to WIN. Go to Step 12.

Step 8: Inform the parent that (s)he must register for WIN.

- If (s)he agrees to register, go to Step 9.

- If (s)he refuses to register, go to CAG 3150: Applicant or Recipient Refuses to Register for WIN.

Step 9: Fill out the WIN-1, have the recipient sign it, refer him or her to DES/WIN, and forward a copy of the WIN-1 to DES/WIN. See CAG 4511: Referring WIN Registrants and Recording WIN Status. Go to Step 10.

Step 10: Assess the WIN status of the other parent in the home, if there is one, to see if the status has changed. For example, a mother who was previously exempt because she was needed in the home to care for an incapacitated citated father may now have to register.

- If the other parent is no longer exempt, go back to Step 8.

- If the other parent has become exempt, go to Step 11.

- If there is no change in the other parent's exemption status, no further action is necessary.

Step 11: Notify DES/WIN of the changes in the WIN status on a WIN-6; see CAG 4512: Notifying DES/WIN of Changes. Go to Step 12.

Step 12: If there have been any chagnes in WIN status or exemption codes, change the WIN codes(s) on the Recipient Master File; see Appendix II: Using the Turnaround Document.

Step 13: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions with Advance Notice, and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closings by a NFL-1; see CAG 5001: Using the NFL-1. If appropriate, notify DES/WIN and the CSEU of the closing; see CAG 4512: Notifying DES/WIN of Changes and CAG 5033: Notice of Change. Consider or arrange for the consideration of the unit's eligibility for NPA Food Stamps, General Relief and/or Medicaid-only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3127 PARENT REMARRIES

Step 1: Reassess the remarried parent's financial eligibility for AFDC; See CAG 4302: The Income Eligibility Test for Remarried Parents.

- If (s)he is still income eligible, go to Step 2.
- If (s)he is no longer income eligible, go to Step 6.

Step 2: Determine whether the stepparent wishes to be added to the assistance unit; See CAG 4121: Variations in Eligibility and Grant Amounts Based on Different Compositions of the Assistance Unit.

- If (s)he does, go to Step 3.
- If (s)he does not, go to Step 5.

Step 3: Reassess the financial eligibility of the assistance unit, including any income or assets of the stepparent. See CAG 4311: Retesting Income Eligibility When Members are Added to the Assistance Unit.

- If the assistance unit is still financially eligible, go to Step 4.
- If the unit is financiall ineligible, the stepparent should not be added to the assistance unit. Go to Step 5 to determine eligibility and the grant amount for the assistance unit not including the stepparent.

Step 4: Determine whether the stepparent meets all other applicable AFDC requirements, that is, verification of or application for a social security number (see CAG 4060: Social Security Number), WIN registration or verification of exemption status (see CAG 4500: WIN Requirements), citizenship (see CAG 4050: Citizens, Aliens and Canadian Born Indians), living arrangement (see CAG 4030: Living Arrangement).

- If (s)he does, go to Step 10.
- If (s)he does not, or if verification that (s)he meets these requirements is not provided (see CAG 4710: Unreasonable Failure to Cooperate With Program Requirements), she cannot be added to the assistance unit. Go to Step 5.

Step 5: Determine whether the assistance unit still meets the asset test of financial eligibility, considering any assets that may have become available to the parent (such as joint bank accounts) as a result of the marriage. See CAG 4200: The Asset Test of Financial Eligibility.

- If the assistance unit is still financially eligible, go to Step 7.
- If the assistance unit is no longer financially eligible, go to Step 13.

Step 6: Reassess the children's financial eligibility, considering the remarried parent's own income, see CAG 4411: Effect of Income of Ineligible Remarried Parent on Children's Grant.

- If they remain financially eligible, go to Step 8.
- If they are no longer eligible, go to Step 13.

Step 7: Recalculate the grant for the assistance unit, considering the stepparent's income as described in CAG 4410: Effect of Stepparent's Income on Remarried Parent's Grant. Go to Step 9.

Step 8: Recalculate the children's grant, considering the remarried parent's own income; see CAG 4411: Effect of Income of Ineligible Remarried Parent on Children's Grant. Go to Step 9.

Step 9: Consider whether the unit is receiving any in kind support as a result of the new household composition; see CAG 4360: Income In Kind. If so, deduct such income in recalculating the grant. Go to Step 12.

Step 10: Recalculate the grant and Food Stamps in the usual manner; see CAG 4400: Calculating the Grant Amount.

- If the grant increases, go to Step 11.
- If the grant decreases, go to Step 12.

Step 11: Determine the start date of the increase; see CAG 4761: Start Date for Grant Increases Due to Changes in the Composition of the Assistance Unit. Prepare and submit a TD to make the necessary chagnes; see Appendix II: Using the Turnaround Document. Notify the unit of the increase on a NFL-6; see CAG 5006: Using the NFL-6.

Step 12: Determine the effective date of the new grant and prepare and submit a TD to make the required changes; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the unit by a NFL-10; see CAG 5010: Using the NFL-10. Go to Step 14.

Step 13: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closing by a NFL-1; see CAG 5001: Using the NFL-1. Go to Step 14.

Step 14: If appropriate, notify DES/WIN and the CSEU of the change; see CAG 4512: Notifying DES/WIN of Changes and CAG 5233: Form A-32B, Notice of Change. If necessary consider or arrange for the consideration of the unit's individual members' eligibility for NPA Food Stamps, General Relief, and/or Medicaid-Only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3130 UNMARRIED DEPENDENT IN ASSISTANCE UNIT BECOMES PREGNANT

Step 1: Determine whether the pregnant dependent still lives with the assistance unit; see CAG 4030: Living Arrangement.

- If she still lives with the assistance unit, go to Step 2.
- If she no longer lives with the assistance unit, refer her to the intake unit and go to CSG 3121: Child Leaves Home.

Step 2: If the dependent is under 18, there is no change in the grant. When the baby is born, see CSG 3131: Unmarried Dependent Under 18 Gives Birth.

If the dependent is 18, 19, or 20, go to Step 3.

Step 3: Ask the dependent whether she wants to apply as a separate assistance unit on the basis of her pregnancy, or whether she wants to remain in the original assistance unit. See CAG 4121: Variations in Eligibility and Grant Amounts Based on Different Compositions of the Assistance Unit.

- If she does not wish to apply as a separate assistance unit, and is still eligible as a dependent (see CAG 4013: Dependent Child 18, 19 and 20), go to CSG 3123: Child is Born. If she is no longer eligible as a dependent, she must apply as a separate assistance unit.
- If she wishes to (or must) apply as a separate assistance unit, go to Step 4.

Step 4: Refer the dependent to the intake unit to file a separate application. Ask the grantee-relative to complete a written statement that the dependent is to be removed from the assistance unit. (Note that the dependent is not eligible for assistance as a separate assistance unit while she is still included in the original unit. The start date for the new case, therefore, may not be earlier than the date of the original unit's first reduced AFDC check or ineligibility.) Go to Step 5.

Step 5: Recalculate the grant and Food Stamps of the original unit, excluding the pregnant dependent, and notify the unit of the change on a NFL-11; see CAG 5011: Using the NFL-11. If the pregnant child is the only child in the assistance unit, notify the unit that the case is being closed on a NFL-11. Prepare and submit a TD to make the required changes; see CAG 4731: Case Closings and Reductions Without Advance Notice and Appendix II: Using the Turnaround Document. If the case is being closed, go to Step 6.

Step 6: If appropriate, notify DES/WIN and the CSEU of the change; see CAG 4512: Notifying DES/WIN of Changes and CAG 5233: Form A-32B, Notice of Change. Go to Step 7.

Step 7: Consider, or arrange for the consideration of, the eligibility of the other members of the original assistance for NPA Food Stamps, General Relief, and/or Medicaid only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3131 UNMARRIED DEPENDENT IN EXISTING ASSISTANCE UNIT GIVES BIRTH

Step 1: Determine whether the infant is living with the dependent and is in her care; see CAG 4030: Living Arrangement.

- If so, go to Step 2.

- If not, and the dependent remains in the assistance unit, there is no change in the grant and no further action is necessary.

Step 2: Ask the dependent whether she wants to apply as a separate assistance unit for herself and her child or whether she wants both herself and the child to remain in the original assistance unit. See CAG 4121: Variations in Eligibility and Grant Amounts Based on Different Compositions of the Assistance Unit.

- If she wishes to apply as a separate assistance unit, go to Step 3.

- If she does not wish to apply as a separate assistance unit, go to CSG 3123: Child is Born.

Step 3: Refer the dependent to the intake unit to file a separate application. Ask the grantee-relative to complete a written statement that the dependent is to be removed from the assistance unit. (Note that the dependent is not eligible for assistance as a separate assistance unit while whe is stil included in the original unit. The start date for the new case, therefore, may not be earlier than the date of the original unit's first reduce AFDC check or ineligibility.) Go to Step 4.

Step 4: Recalculate the grant and Food Stamps of the original unit, excluding the dependent who has given birth, and notify the unit of the change on a NFL-11; see CAG 5011: Using the NFL-11. If the child who has given birth is the only child in the assistance unit, notify the unit that the case is being closed on a NFL-11. Prepare and submit a TD to make the required changes; see CAG 4731: Case Closings and Reductions Without Advance Notice and Appendix II: Using the Turnaround Document. If the case is being closed, go to Step 5.

Step 5: If appropriate, notify DES/WIN and the CSEU of the change; see CAG 4512: Notifying DES/WIN of Changes and CAG 5233: Form A-32B, Notice of Change. Go to Step 6.

Step 6: Consider, or arrange for the consideration of, the eligibility of the other members of the original assistance unit for NPA Food Stamps, General Relief, and/or Medicaid only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3140 MEMBER OF THE ASSISTANCE UNIT DIES

Step 1: Arrange for funeral ir burial benefits, if requested. See CAG 4814: Funeral and Burial Benefits. Go to Step 2.

Step 2: Determine whether the deceased person was:

- The grantee-relative, go to Step 3.
- The only child in the assistance unit, go to Step 6.
- Any other member of the assistance unit, go to Step 5.

Step 3: Notify the estate of the deceased recipient on a NFL-13 that the case is being closed. See CAG 5013: Using the NFL-13. Prepare and submit a TD to close the case; see CAG 4731: Case Closings and Reductions Without Advance Notice, and Appendix II: Using the Turnaround Document. If necessary, notify DES/WIN; see CAG 4512: Notifying DES/WIN of Changes. Go to Step 4.

Step 4: Determine whether there is another relative in the home who can serve as the grantee-relative; see CAG 4104: Relationship.

- If there is, refer the case to the intake unit.
- If there is no such relative in the home, refer the case to Social Services; see CAG 4830: Making Social Services Referrals.

Step 5: Recalculate the grant and Food Stamps, excluding the deceased individual from the assistance unit; see CAG 4400: Calculating the Grant Amount. Determine the effective date of the new grant and prepare and submit a TD to make the required changes; see CAG 4730: Case Closings and Reductions with Advance Notice, and Appendix II: Using the Turnaround Document. Notify the unit by a NFL-10; see CAG 5010: Using the NFL-10. Go to Step 8.

Step 6: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions with Advance Notice, and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closing by a NFL-1; see CAG 5001: Using the NFL-1. Go to Step 7.

Step 7: Consider or arrange for the consideration of the unit's or individual members' eligibility for NPA Food Stamps, General Relief, and/or Medicaid-only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs. Go to Step 8.

Step 8: If necessary, notify DES/WIN and the CSEU of the change; see CAG 4512: Notifying DES/WIN of Changes and CAG 5233: Form A-32B, Notice of Change.

3141 MEMBER OF THE ASSISTANCE UNIT CANNOT BE LOCATED

Step 1: Determine which of the following situations applies:

. If the recipient who cannot be located is the grantee-relative, go to Step 3.

. If the recipient who cannot be located is a dependent child or an adult other than a grantee-relative, go to Step 2.

. If the entire assistance unit cannot be located, go to Step 3.

Step 2: Notify the grantee-relative that unless (s)he can identify the location of the missing individual, that person will be removed from the assistance unit.

. If (s)he identifies the location of the missing person, reassess that individual's eligibility; see CAG 4030: Living Arrangement and CAG 4040: Residence.

. If (s)he cannot identify the location of the missing person, or refuses to do so (see CAG 4710: Unreasonable Failure to Cooperate With Program Requirements), go to Step 4.

Step 3: Send a letter to the last known address, informing the recipient that you will be closing the case unless you receive a response within two weeks.

. If you receive a response from someone other than the grantee-relative, go to Step 5.

. If you receive a response from the grantee-relative, no further action is necessary. (If the unit has moved, see CAG 3411: Assistance Unit Moves.)

. If mail is returned by the Post Office, go to Step 9.

Step 4: If the recipient who cannot be located is the only dependent child, go to Step 8.

If the recipient who cannot be located is a child, but not the only dependent child, go to Step 7.

If the recipeint who cannot be located is an adult other than the grantee-relative, go to Step 7.

Step 5: Determine from the person who has responded which of the following applies:

. Only the grantee-relative is gone from the home; go to Step 6.

. The entire assistance unit is gone, go to Step 9.

Step 6: Determine whether there is another relative in the home who can serve as the grantee-relative; see CAG 4020: Relationship.

. If there is, refer the case to the intake unit and go to Step 8.

. If there is not, immediately bring the case to the attention of Social Services (see CAG 4830: Making Social Services Referrals). Go to Step 8.

Step 7: Recalculate the grant and Food Stamps, excluding the recipient who cannot be located from the assistance unit. Determine the effective date and prepare and submit a TD to make the required changes; see CAG 4730: Case Closings and Reductions With Advance Notice and Appendix II: Using the Turnaround Document. Notify the unit by a NFL-10; see CAG 5010: Using the NFL-10. Go to Step 11.

Step 8: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closing by a NFL-1; see CAG 5001: Using the NFL-1. Go to Step 10.

Step 9: The case must be closed, using a NFL-11; see CAG 5011: Using the NFL-11. Prepare and submit a TD to make the required changes; see CAG 4731: Case Closings and Reductions without Advance Notice and Appendix II: Using the Turnaround Document. Go to Step 11.

Step 10: Consider or arrange for the consideration of the unit's or individual members' eligibility for NPA Food Stamps, General Relief, and/or Medicaid-only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs. Go to Step 11.

Step 11: As appropriate, notify DES/WIN and the CSEU of the change; see CAG 4512: Notifying DES/WIN of Changes and CAG 5233: Form A-32B, Notice of Change.

3150 APPLICANT OR RECIPIENT (OTHER THAN UNEMPLOYED PARENT) REFUSES TO REGISTER FOR WIN

Step 1: Inform the applicant that (s)he can simultaneously register for WIN and contest the non-exempt determination.

- If (s)he agrees to register, fill out the WIN-1, have the recipient sign it, refer him or her to DES/WIN, and forward a copy of the WIN-1 to DES/WIN. See CAG 4511: Referring WIN Registrants and Recording WIN Status. If necessary, change the WIN code on the Recipient Master File; see Appendix II: Using the Turnaround Document. If requested, give the applicant or recipient an appeal form.
- If (s)he still refuses to register, go to Step 2.

Step 2: Determine whether the person refusing to register is:

- An unemployed parent, go to CSG 3151: Unemployed Parent Refuses to Register for WIN.
- The only dependent child in an applicant assistance unit, go to Step 4.
- The only dependent child in an assistance unit receiving AFDC, go to Step 3.
- A grantee-relative, go to Step 7.
- Any other member of an applying assistance unit, go to Step 6.
- Any other member of an assistance unit receiving AFDC, go to Step 5.

Step 3: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions with Advance Notice, and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closings by a NFL-1; see CAG 5001: Using the NFL-1. Go to Step 9.

Step 4: The application must be denied. Notify the assistance unit of the denial on a NFL-5; see CAG 5005: Using the NFL-5. Go to Step 9.

Step 5: Recalculate the grant, excluding the individual refusing to register from the assistance unit; see CAG 4400: Calculating the Grant Amount. Determine the effective date of the new grant and prepare and submit a TD to make the required changes; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the unit by a NFL-10; see CAG 5010: Using the NFL-10. Go to Step 9.

Step 6: The individual refusing to register cannot be included in the assistance unit in determining the eligibility of the other members of the unit and, if they are eligible, the amount of their grant.

Step 7: The grantee-relative's needs may not be considered in determining the grant of the assistance unit, although if (s)he is a parent, his or her income is considered.

Recalculate the grant (or calculate the initial grant) on this basis; see CAG 4400: Calculating the Grant Amount. Go to Step 8.

Step 8: Arrange for the payment of the grant as vendor payments, to the extent possible; see CAG 4781: Arranging for Protective Payments and CAG 4780: Authorizing Vendor Payments.

- If the assistance unit is already receiving AFDC, determine the effective date of the new arrangement and prepare and submit a TD to make the required changes; see CAG 4730: Case Closings and Reductions with Advance Notice, and Appendix II: Using the Turnaround Document. Notify the unit by a NFL-10, see CAG 5010: Using the NFL-10. Go to Step 9.

- If the assistance unit is not already receiving AFDC, and the other members meet all applicable eligibility requirements, inform the unit of the approval of the application excluding the grantee-relative.

Step 9: If appropriate notify DES/WIN and the CSEU of the change, see CAG 4512: Notifying DES/WIN of Changes and CAG 5233: Form A-32B. Notice of Change. Consider or arrange for the consideration of the unit's members' eligibility for NPA Food Stamps, General Relief, and/or Medicaid - only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3151 UNEMPLOYED PARENT REFUSES TO REGISTER FOR WIN

Step 1: Determine whether the UP qualifies for one of the exemptions specified in CAG 4521: Unemployed Parents and WIN Exemptions.

- If (s)he does, fill out WIN-1, noting exemption status. See CAG 4511: Referring WIN Registrants and Recording WIN Status. Go to Step 8.
- If (s)he does not, go to Step 2.

Step 2: Inform the UP that (s)he can register for WIN and simultaneously appeal the decision that (s)he must register.

- If (s)he agrees to register, give him or her an appeal form and go to Step 7.
- If (s)he still refuses to register, go to Step 3.

Step 3: Determine whether the UP is the only parent in the home who meets the unemployment and work history requirements described in CAG 4074: Deprivation Due to Unemployment.

- If (s)he is, go to Step 6.
- If the other parent meets these requirements, (s)he can be the parent whose unemployment qualifies the family for AFDC if (s)he meets the WIN requirements. Go to Step 4.

Step 4: Determine whether the second parent qualifies for one of the exemptions specified in CAG 4521: Unemployed Parents and WIN Exemptions.

- If (s)he does, fill out a WIN-1, noting the exemption status; see CAG 4511: Referring WIN Registrants and Recording WIN Status. Go to Step 12.
- If (s)he does not, go to Step 5.

Step 5: Inform the second parent that (s)he must register for WIN.

- If (s)he refuses to register, go to Step 6.
- If (s)he agrees to register, fill out the WIN-1 have the parent sign it, refer him or her to DES/WIN, and forward a copy of the WIN-1 to DES/WIN. See CAG 4511: Referring WIN Registrants and Recording WIN Status. Go to Step 13.

Step 6: If the assistance unit is applying for AFDC, the application must be denied. Notify the applying unit of the denial using a NFL-5; see CAG 5005: Using the NFL-5. Go to Step 17.

If the unit is already receiving AFDC, the case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions With Advance Notice, and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closings by a NFL-1; see CAG 5001: Using the NFL-1. Go to Step 16.

Step 7: Fill out the WIN-1, have the parent sign it, refer him or her to DES/WIN and forward a copy of the WIN-1 to DES/WIN. See CAG 4511: Referring WIN Registrants and Recording WIN Status. Go to Step 8.

Step 8: Determine whether the other parent must register for WIN; see CAG 4520: WIN Exemptions.

- If (s)he claims a medical exemption, inform him or her of the responsibility to provide verification within 30 days (see CAG 4520: WIN Exemptions) and allow him or her a temporary exemption. Go to Step 14.
- If (s)he appears to qualify for another exemption, require appropriate verifications. See CAG 4520: WIN Exemptions. Go to Step 9.
- If (s)he does not appear to qualify for any exemption, go to Step 11.

Step 9: If the parent provides required verifications, go to Step 10.

If the parent does not provide required verifications (see CAG 4710: Unreasonable Failure to Cooperate With Program Requirements), go to Step 11.

Step 10: If verifications support the exemption, go to Step 14.

If verifications do not support the exemption, go to Step 11.

Step 11: Inform the parent that (s)he must register for WIN.

If (s)he agrees to register, go to Step 12.

If (s)he reguses to register, go to CSG 3150: Applicant or Recipient Refuses to Register for WIN.

Step 12: Fill out the WIN-1, have the recipient sign it, refer him or her to DES/WIN, and forward a copy of the WIN-1 to DES/WIN. See CAG 4511: Referring WIN Registrants and Recording WIN Status. Go to Step 15.

Step 13: The parent meets the WIN requirement, and qualifies as a UP. Reassess the WIN status of the first parent who initially refused to register. For example, if her husband is now registered and she is a mother of a child in the home, she may now be exempt; see CAG 4520: WIN Exemptions.

- If (s)he is now exempt, fill out a WIN-1, noting exemption status. See CAG 4211: Referring WIN Registrants and Recording Status. Go to Step 15.
- If (s)he is still a mandatory registrant, go to CSG 3150: Applicant or Recipient (Other Than Unemployed Parent) Refuses to Register for WIN.

Step 14: Fill out WIN-1, noting exempt status. See CAG 4511: Referring WIN Registrants and Recording WIN Status. Do not forward to WIN, but if it is a temporary exemption, note in the case record that it expires in 30 days. The recipient's WIN status must be reviewed at that time. Go to Step 15.

Step 15: If there has been a change in WIN status or exemption, change the WIN code on the Recipient Master File; see Appendix II: Using the Turnaround Document.

Step 16: If appropriate, notify DES/WIN and the CSEU of the change; see CAG 4512: Notifying DES/WIN of Changes and CAG 5233: Form A-32B, Notice of Change. Go to Step 17.

Step 17: Consider, or arrange for the consideration of the unit's eligibility for NPA Food Stamps, General Relief, and/or Medicaid only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3160 RECIPIENT DOES NOT HAVE SOCIAL SECURITY NUMBER

Step 1: Inform the recipient that possession of or application for a Social Security number (SSN) is a condition of eligibility. Using an ENUM-2 (see CAG 5320), refer him or her to the nearest SSA District office to apply for an SSN for each member of the assistance unit who does not have one.

. If recipient returns with the ENUM-2 signed by an official of SSA, go to Step 2.

. If the recipient returns with some other acceptable verification (see CAG 4060: Social Security Number), go to Step 3.

. If the recipient does not return with proof of the SSN application (see CAG 4710: Unreasonable Failure to Cooperate with Program Requirements), go to Step 6.

Step 2: Enter a dummy number on the file (see CAG 4060 for instructions on how to construct the dummy number). Go to Step 3.

Step 3: Inform the recipient that (s)he must contact you as soon as (s)he received the number(s) from SSA. Make a note to review the case record in 90 days.

Step 4: At the end of 90 days, review the case record.

. If the number(s) has been automatically posted to the recipient Master File, as evidenced by your receipt of a TD with a number, no further action is necessary.

. If the recipient has given you the number(s) but it has not appeared on the TD, prepare and submit a TD to post the number(s) to the Recipient Master File.

. If the number(s) has not appeared on the TD, and the recipient has not provided it, go to Step 5.

Step 5: Contact the recipient to see if (s)he has received the number(s).

. If (s)he has, record the number(s) and prepare and submit a TD to enter it on the file.

. If (s)he has not, inform him or her that (s)he will have to reapply for an SSN. Go back to Step 1.

Step 6: If the recipient is the only dependent child in the assistance unit, go to Step 7.

If the recipient is any other member of the assistance unit, go to Step 8.

Step 7: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closing by a NFL-1; see CAG 5001: Using the NFL-1. Go to Step 9.

Step 8: Recalculate the grant, excluding the recipient without the number from the assistance unit. Determine the effective date and prepare and submit a TD to make the required changes; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the unit by a NFL-10; see CAG 5010: Using the NFL-10. Go to Step 9

Step 9: If appropriate, notify the CSEU and DES/WIN of the change; see CAG 5233: Form A-32B, Notice of Change and CAG 4512: Notifying DES/WIN of Changes. Consider or arrange for the consideration of the unit's or individual members' eligibility for NPA Food Stamps, General Relief, and/or Medicaid-only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3210 GRANTEE-RELATIVE (OTHER THAN AN UNEMPLOYED PARENT) STARTS WORKING

Step 1: Request verification of the previous three weeks' pay earnings; see CAG 4330: Verification of Earned Income. If the recipient has been working less than three weeks, request verification for the number of weeks of employment.

- If the recipient provides the verification, go to Step 2.
- If the recipient does not provide the verification (see CAG 4710: Unreasonable Failure to Cooperate with Program Requirements), and (s)he is not a parent, go to Step 11.
- If the recipient does not provide the required verification (see CAG 4710: Unreasonable Failure to Cooperate with Program Requirements), and (s)he is a parent, go to Step 13.

Step 2: If the person who is working is:

- A remarried parent whose spouse is not included in the assistance unit, go to Step 4.
- A remarried parent whose spouse is included in the assistance unit, go to Step 5.
- Any other parent, go to Step 5.
- A grantee-relative other than a parent, go to Step 3.

Step 3: Determine whether the relative who has started working wishes to remain in the assistance unit; see CAG 4121: Variations in Eligibility and Grant Amounts Based on Different Compositions of the Assistance Unit.

- If (s)he does, go to Step 5.
- If (s)he does not, go to Step 7.

Step 4: Reassess the financial eligibility of the remarried parent, see CAG 4302: The Income Eligibility Test for Remarried Parents.

- If (s)he remains eligible, go to Step 5.
- If (s)he is no longer financially eligible, go to Step 6.

Step 5: Redetermine the financial eligibility of the assistance unit, considering the earned income; see CAG 4301: The Income Tests of Financial Eligibility.

- If the assistance unit remains eligible, go to Step 8.
- If the assistance unit is financially ineligible, go to Step 13.

Step 6: Remove the remarried parent from the assistance unit and determine the children's eligibility, considering only the remarried parent's own income. See CAG 4411: Effect of Income of Ineligible Remarried Parent on Children's Grant and CAG 4301: The Income Tests of Financial Eligibility.

- If the children are still financially eligible, recalculate the grant (see CAG 4411: Effect of Income of Ineligible Remarried Parent on Children's Grant) and go to Step 8.
- If the children are no longer financially eligible, go to Step 13.

Step 7: Ask the relative who wishes to be removed from the assistance unit to sign a statement to that effect. Recalculate the grant (see CAG 4400) excluding the relative who has started working from the assistance unit and notify the unit of the change on a NFL-11. Prepare and submit a TD to make the required changes; see CAG 4730: Case Closings and Reductions Without Advance Notice. Go to Step 15.

Step 8: Recalculate the grant for the assistance unit, considering the earnings. See CAG 4400: Calculating the Grant Amount. Go to Step 9.

Step 9: If the calculation is based on less than three weeks of earnings information, go to Step 10.

If the calculation is based on three weeks of earnings information, go to Step 12.

Step 10: Inform the person who is working of his or her responsibility to provide the additional verification when (s)he has been working three weeks. Record this responsibility in the case record for later follow-up. Go to Step 12.

Step 11: Recalculate the grant, removing the grantee-relative from the assistance unit; see CAG 4400: Calculating the Grant Amount. Go to Step 12.

Step 12: Determine the effective date of the new grant and prepare and submit a TD to make the required change; see CAG 4730: Case Closings and Reductions with Advance Notice, and Appendix II: Using the Turnaround Document. Notify the unit by a NFL-10; see CAG 5010: Using the NFL-10. Go to Step 15.

Step 13: The case must be closed. Determine whether the case is eligible for four months extended MA coverage.

Go to Step 14.

Step 14: Determine the effective date of the closing. Prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions with Advance Notice. Notify the assistance unit of the closing by an NFL-1. Go to Step 15.

Step 15: If appropriate, notify DES/WIN and the CSEU of the change; see CAG 4512: Notifying DES/WIN of Changes. Consider or arrange for the consideration of the unit's or individual members' eligibility for NPA Food Stamps, General Relief, and/or Medicaid-only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3211 UNEMPLOYED PARENT STARTS WORKING

Step 1: Determine whether the work is full-time (100 or more hours per month). See CAG 4074: Deprivation Due to Unemployment.

- If it is, go to Step 2.
- If it is not full-time employment, go to Step 4.
- If verification, if requested, is not provided (see CAG 4710: Unreasonable Failure to Cooperate with Program Requirements), go to Step 7.

Step 2: Determine whether the other parent qualifies as an AFDC Unemployed Parent. See CAG 4074: Deprivation Due to Unemployment.

- If the other parent qualifies, record this change in the case record and go to Step 4.
- If the other parent does not qualify, or does not provide verification of his or her UP eligibility, if required, go to Step 3.

Step 3: Determine whether either parent qualifies as an incapacitated parent, see CAG 4073: Deprivation Due to Incapacity.

- If either parent qualifies, record this change in the case record and go to Step 4.
- If neither parent qualifies as incapacitated, or verification of the incapacity is not provided (see CAG 4710: Unreasonable Failure to Cooperate with Program Requirements), go to Step 8.

Step 4: Redetermine the eligibility of the assistance considering the earned income; see CAG 4310: Retesting Income Eligibility.

- If the assistance unit remains eligible, go to Step 5.
- If the assistance unit is financially ineligible, go to Step 8.

Step 5: Recalculate the grant and Food Stamps for the assistance unit, considering the earnings. See CAG 4400: Calculation of the Grant Amount.

- If the calculation is based on three weeks of earnings information, go to Step 7.

- If the calculation is based on less than three weeks of earnings information, go to Step 6.

Step 6: Inform the person who is working of his or her responsibility to provide the additional verification when (s)he has been working three weeks. Record this responsibility in the case record for later follow-up. Go to Step 7.

Step 7: Determine the effective date of the new grant and prepare and submit a TD to make the required changes; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the unit by NFL-10; See CAG 5010: Using the NFL-10. Go to Step 10.

Step 8: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the unit by a NFL-1; see CAG 5001: Using the NFL-1. Go to Step 9.

Step 9: Consider or arrange for the consideration of the unit's or individual members' eligibility for NPA Food Stamps, General Relief, and/or Medicaid only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs. Go to Step 10.

Step 10: Notify DES/WIN of the change; see CAG 4512: Notifying DES/WIN of Changes.

3212 SPOUSE OF GRANTEE-RELATIVE STARTS WORKING

Step 1: Request verification of the previous three weeks' earnings; see CAG 4330: Verification of Earned Income. If the recipient has been working less than three weeks, request verification for the number of weeks of employment.

- ° If the recipient provides the verification, go to Step 2.
- ° If the recipient does not provide the verification (see CAG 4710: Unreasonable Failure to Cooperate with Program Requirements), go to Step 16.

Step 2: If the spouse who is working is:

- ° A stepparent, go to Step 4.
- ° A natural or adoptive parent (other than a UP), go to Step 7.
- ° An Unemployed Parent, go to CSG 3211: Unemployed Parent Starts Working.
- ° A spouse of a grantee-relative other than a parent, go to Step 3.

Step 3: Determine whether the relative who has started working wishes to remain in the assistance unit; see CAG 4121: Variations in Eligibility and Grant Amounts Based on Different Compositions of the Assistance Unit.

- ° If (s)he does, go to Step 7.
- ° If (s)he does not, go to Step 6.

Step 4: Determine whether the stepparent wishes to remain in the assistance unit; see CAG 4121: Variations in Eligibility and Grant Amounts Based on Different Compositions of the Assistance Unit.

- ° If (s)he does, go to Step 7.
- ° If (s)he does not, go to Step 5.

Step 5: Retest the financial eligibility of the remarried parent, considering the stepparent's income; see CAG 4302: The Income Eligibility Test for Remarried Parents.

- ° Is (s)he remains eligible, go to Step 8.
- ° If (s)he is no longer financially eligible, go to Step 10.

Step 6: Retest the financial eligibility of the grantee-relative, considering the income of his or her spouse in the same manner as that of a stepparent; see CAG 4302: The Income Eligibility Test for Remarried Parents.

- If (s)he remains eligible, go to Step 9.
- If (s)he is no longer financially eligible, go to Step 11.

Step 7: Redetermine the financial eligibility of the assistance unit, considering the earned income; see CAG 4310: Retesting Income Eligibility.

- If the assistance unit remains eligible, go to Step 12.
- If the assistance unit is financiallly ineligible, go to Step 16.

Step 8: Remove the stepparent from the assistance unit and recalculate the amount of the grant considering the stepparent's income. See CAG 4410: Effect of Stepparent's Income on Remarried Parent's Grant. Go to Step 13.

Step 9: Remove the spouse of the grantee-relative from the assistance unit and recalculate the amount of the grant considering the spouse's income. See CAG 4410: Effect of Stepparent's Income on Remarried Parent's Grant. Go to Step 13.

Step 10: Remove the remarried parent and his or her spouse from the assistance unit and determine the children's eligibility, considering only the remarried parent's own income. See CAG 4411: Effect of Income of Ineligible Remarried Parent on Children's Grant.

- If the children are still financially eligible, recalculate the grant (see CAG 4411: Effect of Income of Ineligible Remarried Parent on Children's Grant.
- If the children are no longer financially eligible, go to Step 16.

Step 11: Remove both the grantee-relative and his or her spouse from the assistance unit and recalculate the grant, without considering the earnings; see CAG 4400: Calculating the Grant Amount. Go to Step 15.

Step 12: Recalculate the grant for the assistance unit, considering the earnings. See CAG 4400: Calculating the Grant Amount. Go to Step 13.

Step 13: If the calculation is based on three weeks of earnings information, go on to Step 15.

If the calculation is based on less than three weeks of earnings information, go to Step 14.

Step 14: Inform the person who is working of his or her responsibility to provide the additional verification when (s)he has been working three weeks. Record this responsibility in the case record for later follow-up. Go to Step 15.

Step 15: Determine the effective date of the new grant and prepare and submit a TD to make the required changes; see CAG 4730: Case Closings and Reductions with Advance Notice, and Appendix II: Using the Turnaround Document. Notify the unit by a NFL-10; see CAG 5010: Using the NFL-10. Go to Step 17.

Step 16: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions with Advance Notice, and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closings by a NFL-1; see CAG 5001: Using the NFL-1. Go to Step 17.

Step 17: If appropriate, notify DES/WIN and the CSEU of the change; see CAG 4512: Notifying DES/WIN of Changes and CAG 5233: Form A-32B, Notice of Change. Consider or arrange for the consideration of the unit's or individual members' eligibility for NPA Food Stamps, General Relief, and/or Medicaid-only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3213 CHILD STARTS WORKING

Step 1: Determine whether the child who started working is under 14.

- ° If the child is under 14, none of his or her earnings are countable. Note the situation in the case record. No further action is necessary.
- ° If the child is 14 or over, go to Step 2.

Step 2: Determine the school, age and employment of the child.

- ° If verification of school attendance is provided or not necessary, go to Step 3.
- ° If verification of school attendance is not provided (see CAG 4710: Unreasonable Failure to Cooperate with Program Requirements), go to Step 20.

Step 3: Depending on the age, school attendance, and employment status of the child (for a definition of full-time and half-time school enrollment, see CAG 4013: Dependent Child 18, 19 or 20), proceed as follows:

Student/Employment Status	14 or 15	15 or 17	18, 19 or 20
I Full-time student	Go to Step 9	Go to Step 9	Go to Step 9
II Part-Time student, less than half-time, not full-time employee	Go to Step 9	Go to Step 11	Go to Step 19
III Half-time student working part-time	Go to Step 9	Go to Step 11	Go to Step 11
IV Half-time student precluded from full-time attendance or part-time employment by physical handicap	Go to Step 9	Go to Step 11	Go to Step 11
V Half or part-time student full-time employee	Go to Step 4	Go to Step 4	Go to Step 19

Step 4: Request verification of the child's previous three weeks' earnings; see CAG 4330: Verification of Earned Income. If the child has been working less than three weeks, request verification for the number of weeks of employment.

. If verification is provided, go to Step 5.

. If verification is not provided (see CAG 4710: Unreasonable Failure to Cooperate With Program Requirements), go to Step 20.

Step 5: If the child who has started working is the only child in the assitance unit, go to Step 6.

If the child who has started working is not the only child in the assistance unit, ask him or her whether (s)he wishes to remain in the assistance unit; see CAG 4121: Variations in Eligibility and Grant Amounts Based on Different Compositions of the Assistance Unit.

. If (s)he does, go to Step 6.

. If (s)he does not, go to Step 7.

Step 6: Retest the financial eligibility of the assistance unit, considering the earned income; see CAG 4310: Retesting Income Eligibility.

. If the assistance unit remains eligible, go to Step 8.

. If the assistance unit is financially ineligible, go to Step 20.

Step 7: Ask the child who wishes to be removed from the assistance unit to sign a statement to that effect. Recalculate the grant, excluding the child who has started working from the assistance unit and notify the unit of the change on a NFL-11; see CAG 5011: Using the NFL-11. Prepare and submit a TD to make the required changes; see CAG 4731: Case Closings and Reductions Without Advance Notice and Appendix II: Using the Turnaround Document. Go to Step 21.

Step 8: Recalculate the grant for the assitance unit. See CAG 4400: Calculating the Grant Amount.

. If the calculation is based on three weeks of earnings information, go to Step 11.

. If the calculation is based on less three weeks of earnings information, go to Step 10.

Step 9: The child's earnings do not effect the grant, and the child is not a mandatory WIN registrant. Note the situation in the case record; no further action is required.

Step 10: Inform the person who is working of his or her responsibility to provide the additional verification when (s)he has been working three weeks. Record this responsibility in the case record for later follow-up. Go to Step 11.

Step 11: Check to make sure the child is currently registered for WIN.

. If (s)he is currently registered, go to Step 18.

. If (s)he is not currently registered, and verifications in the case record do not support a WIN exemption, go to Step 12.

Step 12: Contact the grantee-relative to inform him or her of the requirements of the WIN Program and determine whether or not the child qualifies for an exemption other than full-time school attendance. See CAG 4500: WIN Requirements and CAG 4520: WIN Exemptions.

. If (s)he claims a medical exemption for the child, inform the recipient of the responsibility to provide verification within 30 days (see CAG 4520: WIN Exemptions) and allow the child a temporary exemption. Go to Step 16.

. If (s)he appears to qualify for another exemption, require appropriate verifications. See CAG 4520: WIN Exemptions. Go to Step 13.

. If (s)he does not appear to qualify for any exemption, go to Step 14.

Step 13: If verifications support the exemption, go to Step 16.

If verifications are not provided (see CAG 4710: Unreasonable Failure to Cooperate With Program Requirements) or do not support the exemption, go to Step 14.

Step 14: The child must register for WIN.

. If the child agrees to register, go to Step 15.

. If the child refuses to register, go to CSG 3150: Applicant or Recipient Refuses to Register for WIN.

Step 15: Fill out WIN-1, have the child sign it, and forward a copy to DES/WIN. See CAG 4511: Referring WIN Registrants and Recording WIN Status. Go to Step 17.

Step 16: Fill out WIN-1, noting exempt status. See CAG 4511: Referring WIN Registrants and Recording WIN Status. Do not forward to WIN, but if it is a temporary exemption note in the case record that it expires in 30 days. The child's WIN status must be reviewed at that time. Go to Step 17.

Step 17: If there has been a change in WIN status or exemption, change the WIN code on the Recipient Master File; see Appendix II: Using the Turnaround Document. Go to Step 18.

Step 18: If the child is not a full-time employee, no further action is necessary.

If the child is working full-time, determine the effective date of the new grant and prepare and submit a TD to make the required changes; see CAG 4730: Case Closings and Reductions With Advance Notice, and Appendix II: Using the Turnaround Document. Notify the unit by a NFL-10; see CAG 5010: Using the NFL-10. Go to Step 21.

Step 19: If the child is the only child in the assistance unit, go to Step 20.

If the child is not the only child in the assistance unit, recalculate the grant, excluding the child from the assistance unit; see CAG 4400: Calculating the Grant Amount. Determine the effective date of the new grant and prepare and submit a TD to make the required changes; see CAG 4730: Case Closings and Reductions With Advance Notice, and Appendix II: Using the Turnaround Document. Notify the unit by a NFL-10; see CAG 5010: Using the NFL-10. Go to Step 21.

Step 20: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions with Advance Notice, and Appendix II: Using the Turnaround Document. Notify the Assistance unit of the closing by a NFL-1; see CAG 5001: Using the NFL-1. Go to Step 21.

Step 21: If appropriate, notify DES/WIN and the CSEU of the change; see CAG 4512: Notifying DES/WIN of Changes and CAG 5233: Form A-32B, Notice of Change. Go to Step 22.

Step 22: Consider or arrange for the consideration of the unit's or individual members' eligibility for NPA Food Stamps, General Relief, and/or Medicaid only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3220 RECIPIENT'S EARNINGS INCREASE

Step 1: Determine whether the recipient whose earnings have increased is:

- A child under 14, no further action is necessary.
- A child over 14 who is a full-time student, or a part-time student but not a full-time employee, no further action is necessary.
- Any other member of the assistance unit, go to Step 2.

Step 2: Determine whether the increase in earnings is the result of a change in employment status; see CAG 4332: Changes in Employment Status.

- If it is, go to Step 3.
- If it is not, note the information in the case record. No further action is necessary at this time.

Step 3: Request verification of previous three weeks' earnings; see CAG 4330: Verification of Earned Income. If the new employment status has been in effect for less than three weeks, calculation should be based on the new level of earnings; see CAG 4331: Income Information to be Used When Income Changes.

- If the recipient provides the verification, go to Step 4.
- If the recipient does not provide the verification (see CAG 4710: Unreasonable Failure to Cooperate with Program Requirements), go to Step 5.

Step 4: If the person whose earnings have increased is:

- The grantee-relative, follow the procedures in CSG 3210: Grantee-Relative Starts Working.
- An Unemployed Parent, follow the procedures in CSG 3211: Unemployed Parent Starts Working.
- The spouse of the grantee-relative, follow the procedures in CSG 3212: Spouse of Grantee-Relative Starts Working.

- A child who is working full-time, follow the procedures starting with Step 5 of CSG 3213: Child Starts Working.

Step 6: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closings by a NFL-1; see CAG 6001: Using the NFL-1.

If appropriate, notify DES/WIN and the CSEU of the closing; see CAG 4312: Notifying DES/WIN of Changes and CAG 5233: Form A-32B, Notice of Change.

Consider, or arrange for the consideration of the unit's eligibility for NPA Food Stamps, General Relief, and/or Medicaid only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3221 RECIPIENT'S EARNINGS DECREASE

Step 1: Determine whether the recipient whose earnings have decreased is:

- A child under 14, no further action is necessary.
- A child over 14 who is a full-time student, or a part-time student but not a full-time employee, no further action is necessary.
- Any other member of the assistance unit, go to Step 2.

Step 2: Request verification of the previous three weeks' earnings. Inform the recipient of the required verification, and of the necessity of providing it within required time periods in order to have the grant adjusted in a timely manner. See CAG 4330: Verification of Earned Income and CAG 4750: Time Standards for Department Action and Recipient Verification.

- If the recipient provides the required verification, go to Step 3.
- If the recipient does not provide the required verification within 30 days of Step 2 or the verification does not support the recipient's statement, inform him or her that the grant cannot be increased. The recipient retains the right to request the increase again.

Step 3: Determine whether the decrease in earnings is the result of a change in employment status; see CAG 4332: Changes in Employment Status.

- If it is, go to Step 4.
- If it is not, go to Step 8.

Step 4: Recalculate the grant and Food Stamps, using the information on the new employment status; see CAG 4331: Income Information to be Used When Income Changes and CAG 4400: Calculating the Grant Amount. Go to Step 5.

Step 5: If the calculation is based on three weeks of earnings information, go on to Step 7.

If the calculation is based on less than three weeks of earnings information, go to Step 6.

Step 6: Inform the person who is working of his or her responsibility to provide the additional verification when (s)he has been working three weeks. Record this responsibility in the case record for later follow-up. Go to Step 7.

Step 7: Determine the start date of the increase; see CAG 4760: Start Date for Grant Increases Due to Changes in Income. Prepare and submit a TD to make the necessary changes; see Appendix II: Using the Turnaround Document. Notify the assistance unit of the increase using a MFL-6. See CAG 5006: Using the MFL-6.

Step 8: Calculate the amount of the underpayment; see CAG 4772: Correcting Underpayments. Authorize a D-Payment for the amount of the underpayment; see Appendix II: Using the Turnaround Document. No change in the amount of the regular monthly grant is necessary.

3222 RECIPIENT STOPS WORKING

Step 1: Determine whether the recipient who has stopped working is:

- A child under 14, no further action is necessary.
- A child over 14 who is a full-time student, or a part-time student but not a full-time employee, there is no change in the grant. Go to Step 5.
- Any other member of the assistance unit, go to Step 2.

Step 2: Inform the recipient of required verification, and of necessity of providing verification within required time periods in order to have the grant adjusted in a timely manner; see CAG 4330: Verification of Earned Income and CAG 4750: Time Standards for Department Action and Recipient Verification. Go to Step 3.

Step 3: If the required verification supports the recipient's statement, recalculate the grant and Food Stamps. See CAG 4400: Calculating the Grant Amount. Go to Step 4.

If the required verification does not support the recipient's statement, inform him or her that the grant cannot be increased.

Step 4: Determine the start date of the increase; see CAG 4760: Start Date for Grant Increases Due to Changes in Income. Prepare a TD to make the necessary changes; see Appendix II: Using the Turnaround Document. Notify the assistance unit of the increase using the NFL-6. See CAG 5006: Using the NFL-6. Go to Step 5.

Step 5: If the person who has stopped working is a WIN registrant, inform DES/WIN of the change; see CAG 4512: Notifying DES/WIN of Changes.

3223 RECIPIENT CHANGES JOBS

Step 1: Determine whether the recipient changing jobs is:

- A child under 14, no further action is necessary.
- A child over 14 who is a full-time student, or a part-time student but not a full-time employee, no further action is necessary.
- Any other member of the assistance unit, go to Step 2.

Step 2: Request verification of the previous three weeks' earnings; see CAG 4330: Verification of Earned Income. If the recipient has had the new job for less than three weeks, request verification for the number of weeks that (s)he has been working at the new job.

- If the recipient provides the verification, go to Step 3.
- If the recipient does not provide the verification (see CAG 4710: Unreasonable Failure to Cooperate with Program Requirements), go to Step 6.

Step 3: If the recipient who has changed jobs is a WIN registrant, notify DES/WIN of the change; see CAG 4512: Notifying DES/WIN of Changes. Go to Step 4.

Step 4: Determine whether the recipient's earnings have decreased or increased as a result of the change in jobs.

- If the recipient's earnings have increased, go to Step 5.
- If the recipient's earnings have decreased, go to CSG 3221: Recipient's Earnings Decrease, and follow the procedures there starting with Step 4.

Step 5: If the recipient who has changed jobs is:

- The grantee-relative, go to CSG 3210: Grantee-Relative Starts Working, and follow the procedures there starting with Step 2.
- An Unemployed Parent, go to CSG 3211: Unemployed Parent Starts Working, and follow the procedures there starting with Step 1.
- The spouse of the grantee-relative, go to CSG 3212: Spouse of Grantee-Relative Starts Working, and follow the procedures there starting with Step 7.
- A child who is working full-time, go to CSG 3213: Child Starts Working, and follow the procedures there, starting with Step 5.

Step 6: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions With Advance Notice, and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closings by a NFL-1; see CAG 5001: Using the NFL-1.

If appropriate, notify DES/WIN and the CSEU of the closing; see CAG 4512: Notifying DES/WIN of Changes and CAG 5233: Form A-323, Notice of Change.

Consider or arrange for the consideration of the unit's eligibility for NPA Food Stamps, General Relief, and/or Medicaid Only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3230 RECIPIENT PROVIDES ROOM AND BOARD

Step 1: Determine whether the recipient receives a payment for providing room and/or board to anyone who is not a member of the assistance unit or a child of the grantee-relative.

- If so, go to Step 2.
- If not, no action is required.

Step 2: Request verification of the total monthly payments received for providing room and/or board; see CAG 4335: Income From Roomers and Boarders.

- If verification is provided, go to Step 3.
- If verification is not provided (see CAG 4710: Unreasonable Failure to Cooperate With Program Requirements), go to Step 6.

Step 3: Determine the portion of such income that is countable as income by deducting from room and board income 25% of the payments received from roomers or 75% of the payments received from roomers who also receive board unless the recipient verifies higher expenses. See CAG 4335: Income from Roomers and Boarders. Go to Step 4.

Step 4: Retest the income eligibility of the assistance unit considering the countable income as earned income; see CAG 4310: Retesting Income Eligibility.

- If the assistance unit is still eligible, go to Step 5.
- If the assistance unit is ineligible, go to Step 6.

Step 5: Reclaculate the grant and Food Stamps, considering the countable income; see CAG 4400: Calculating the Grant Amount. Determine the effective date and prepare and submit a TD to make the required changes; see CAG 4730: Case Closings and Reductions With Advance Notice and Appendix II: Using the Turnaround Document. Notify the assistance unit by a NFL-10; see CAG 5010: Using the NFL-10.

Step 6: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions With Advance Notice, and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closing by a NFL-1; see CAG 5001: Using the NFL-1.

Consider or arrange for the consideration of the unit's or individual members' eligibility for NPA Food Stamps, General Relief, and/or Medicaid only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

If appropriate, notify DES/WIN and the CSEU of the change; see CAG 4512: Notifying DES/WIN of Changes and CAG 5233: Form A-32B, Notice of Change.

3231 RECIPIENT RECEIVES RENTAL INCOME

Step 1: Determine whether the property from which the rental income is derived is also the home of the assistance unit.

- If it is, go to Step 4.
- If it is not, go to Step 2.

Step 2: Determine (a) whether the assistance unit has been receiving AFDC for more than six months and (b) if it has, whether it acquired the additional property more than six months ago.

- If it has been receiving AFDC for less than six months, or acquired the property less than six months ago, the property that is not a home is not yet a countable asset. Record this fact in the case record and plan to reassess whether the unit meets the assets test when six months have elapsed since the acquisition of the property. See CAG 4217: Countable Assets: Real Estate Other Than the Home. Go to Step 4.
- If it has been receiving AFDC for more than six months and more than six months have elapsed since the acquisition of the property, go to Step 3.

Step 3: The value of the additional property is a countable asset. Determine whether the assistance unit still meets the $1000 assets limitation by adding the value of the property to the unit's other assets. See CAG 4217: Countable Assets: Real Estate Other Than the Home for information on how such property is valued.

- If the assistance unit's combined assets exceed the assets limitation, go to Step 6 of CSG 3320: Recipient Receives Windfall or Lump Sum Payment.
- If the assistance unit's combined assets do not exceed the assets limitation, go to Step 4.

Step 4: Determine the amount of the rental income, net of business expenses, in accordance with CAG 4336: Determining Rental Income. Go to Step 5.

Step 5: Determine whether the rental income is earned or unearned; see CAG 4320: Determining Whether Income is Earned or Unearned.

- If it is earned, go to CSG 3210: Grantee-Relative Starts Working, CSG 3211: Unemployed Father Starts Working, or CSG 3212: Spouse of Grantee-Relative Starts Working, as appropriate.
- If it is unearned, go to CSG 3310: Recipient Starts Receiving Unearned Income.

3310 RECIPIENT STARTS RECEIVING UNEARNED INCOME

Step 1: Determine whether the unearned income is countable or non-countable. See CAG 4132: Non-Countable Income.

- If the unearned income is countable, go to Step 2.
- If the unearned income is non-countable, no further action is required. Note in the case record that the matter was investigated and no action was needed.

Step 2: Inform the recipient of his or her responsibility to verify the amount of the unearned income; see CAG 4350: Verification of Unearned Income.

- If the recipient provides the necessary verification, go to Step 3.
- If the recipient does not provide the necessary verifications (see CAG 4710: Unreasonable Failure to Cooperate With Program Requirements), go to Step 13.

Step 3: If the individual receiving the unearned income is:

- A parent, go to Step 6.
- A stepparent included in the assistance unit, go to Step 5.
- A grantee-relative other than a parent, go to Step 4.
- A spouse of a grantee-relative other than a parent, go to Step 5.
- A child who is not the only dependent child in the assistance unit, go to Step 4.
- The only child in the assistance unit, go to Step 6.

Step 4: Determine whether the person receiving the unearned income wishes to remain in the assistance unit; see CAG 4121: Variations in Eligibility and Grant Amounts Based on Different Compositions of the Assistance Unit.

- If (s)he does, go to Step 6.
- If (s)he does not, go to Step 11.

Step 5: Determine whether the stepparent (or spouse of the grantee-relative) wishes to remain in the assistance unit; see CAG 4121: Variations in Eligibility and Grant Amounts Based on Different Compositions of the Assistance Unit.

. If (s)he does, go to Step 6.

. If (s)he does not, go to Step 8.

Step 6: Retest the financial eligibility of the assistance unit, considering the unearned income; see CAG 4310: Retesting Income Eligibility.

. If the assistance unit remains eligible, go to Step 7.

. If the assistance unit is financially ineligible, go to Step 13.

Step 7: Recalculate the grant for the assistance unit. See CAG 4400: Calculating the Grant Amount. Go to Step 12.

Step 8: Retest the financial eligibility of the remarried parent (or grantee-relative), considering the income of his or her spouse. See CAG 4302: The Income Eligibility Test for Remarried Parents.

. If (s)he remains eligible, go to Step 9.

. If (s)he is no longer financially eligible, go to Step 10.

Step 9: Remove the stepparent (or spouse of the grantee-relative) from the assistance unit and recalculate the amount of the grant. See CAG 4410: Effect of Stepparent's Income on Remarried Parent's Grant. Go to Step 12.

Step 10: If the grantee-relative is a remarried parent, remove both the stepparent and the remarried parent from the assistance unit and recalculate the amount of the grant, considering the remarried parent's own income. See CAG 4411: Effect of Income of Ineligible Remarried Parent on Children's Grant. Go to Step 12.

If the grantee-relative is not a remarried parent, remove both the grantee-relative and his or her spouse from the assistance unit and recalculate the children's grant without considering the income of either the grantee-relative or his or her spouse. Go to Step 12.

Step 11: Ask the relative who wishes to be removed from the assistance unit to sign a statement to that effect. Recalculate the grant, excluding the relative from the assistance unit and notify the unit of the change on a NFL-11; see CAG 5011: Using the NFL-11. Prepare and submit a

TD to make the required changes; see CAG 4731: Case Closings and Reductions Without Advance Notice and Appendix II: Using the Turnaround Document. Go to Step 14.

Step 12: Determine the effective date of the new grant and TD to make the required changes; see CAG 4730: Case Closings and Reductions With Advance Notice and Appendix II: Using the Turnaround Document. Notify the unit by a NFL-10; see CAG 5010: Using the NFL-10. Go to Step 14.

Step 13: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions With Advance Notice and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closing by a NFL-1; see CAG 5001: Using the NFL-1. Go to Step 14.

Step 14: If appropriate, notify DES/WIN and the CSEU of the change; see CAG 4512: Notifying DES/WIN of Changes and CAG 5233: Form A-32B, Notice of Change.

Consider or arrange for the consideration of the unit's or individual members' eligibility for NPA Food Stamps, General Relief, and/or Medicaid only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3311 RECIPIENT STOPS RECEIVING UNEARNED INCOME

Step 1: Determine whether the income the recipient stopped receiving was countable or not.

. If it was not countable, record the fact in the case record. No further action is required.

. If it was countable, go to Step 2.

Step 2: Inform the recipient of required verification, and of necessity of providing verification within required time periods; see CAG 4350: Verification of Unearned Income and CAG 4750: Time Standards for Department Action and Recipient Verification. Go to Step 3.

Step 3: If the required verification supports the recipient's statement, recalculate the grant and Food Stamps. See CAG 4400: Calculating the Grant Amount. Go to Step 4.

If the recipient does not provide the required verification within 30 days of Step 2 or the verification does not support the recipient's statement, inform the recipient that the grant cannot be increased. The recipient retains the right to request the increase again.

Step 4: Determine the start date of the increase; see CAG 4760: Start Date for Grant Increases Due to Changes in Income. Prepare a TD to make the necessary changes; see Appendix II: Using the Turnaround Document. Notify the assistance unit of the increase using NFL-6. See CAG 5006: Using the NFL-6.

3320 RECIPIENT RECEIVES WINDFALL OR LUMP SUM PAYMENT

Step 1: Determine whether the payment

. Represents accumulated recurring income (such as Social Security or Unemployment Compensation) paid in one retroactive check. Go to Step 2.

. A prize, lottery winning or other payment that is taxed as income, go to Step 3.

. Is the proceeds from the sale of property or the insurance for a destroyed house, go to CSG 3321: Recipient sells House (or House is Destroyed).

. A legacy or inheritance, go to Step 4.

. Any other windfall payment that is not taxed as income (see CAG 4213: Countable Assets: Windfall Payments) go to Step 4.

Step 2: Determine the amount of the payment.

. If it exceeds the amount of the unit's monthly grant, go to Step 9.

. If it does not exceed the amount of the unit's monthly grant, go to Step 3.

Step 3: The payment is considered as unearned income in which it is received. Since it will not be possible to adjust the grant in time for that month, an overpayment has occurred. Institute recoupment, considering the overpayment to be caused by the Department. Follow the instructions in CSG 3430: Overpayment Occurs, starting with Step 4.

Step 4: The payment is considered a countable asset. Request verification of the amount of the payment; see CAG 4213: Countable Assets: Windfall Payments.

. If the recipient provides verification, go to Step 5.

. If the recipient does not provide verification (see CAG 4710: Unreasonable Failure to Cooperate With Program Requirements), go to Step 10.

Step 5: Add the payment to the unit's other countable assets.

- If the sum of the assets exceed $1000, go to Step 6.
- If the sum of the assets does not exceed $1000, note the fact in the case record. No further action is necessary.

Step 6: Determine whether the recipient who possesses the payment (or asset in full or part) is:

- A parent, go to Step 10.
- The only dependent child in the assistance unit, go to Step 10.
- Any other member of the assistance unit, go to Step 7.

Step 7: Determine whether the person who possesses the payment wishes to remain in the assistance unit; see CAG 4110: Explaining Financial Eligibility Tests and Grant Calculations.

- If (s)he does, go to Step 10.
- If (s)he does not, go to Step 8.

Step 8: Ask the indiviudal who wishes to be removed from the assistance unit to sign a statement to that effect. Recalculate the grant, excluding the individual who possesses the payment from the assistance unit and notify the unit of the change on a NFL-11; see CAG 5011: Using the NFL-11. Prepare and submit a TD to make the required changes; see CAG 4731: Case Closings and Reductions Without Advance Notice, and Appendix II: Using the Turnaround Document. Go to Step 11.

Step 9: Unless the recipient decides to give the retroactive payment to the Department, the case must be closed until such time as the amount of payment retained by the recipient falls below the level of the monthly grant the unit was receiving prior to receipt of the payment. See CAG 4420: Treatment of Retroactive Lump Sum Payments for a fuller description of how to handle such cases.

Step 10: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions With Advance Notice, and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closings by a NFL-1; see CAG 5001: Using the NFL-1. Go to Step 11.

Step 11: If appropriate, notify DES/WIN and the CSEU of the change; see CAG 4512: Notifying DES/WIN of Changes, and CAG 5233: Form A-32B, Notice of Change.

Consider or arrange for the consideration of the unit's or individual members' eligibility for NPA Food Stamps, General Relief, and/or Medicaid only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3321 RECIPIENT SELLS HOUSE (OR HOUSE IS DESTROYED)

Step 1: Determine whether the owner (or a part-owner) of the home is a member of the assistance unit.

- If (s)he is, go to Step 2.
- If (s)he is not, no further action is necessary.

Step 2: Determine whether the house which was sold or destroyed in a fire, flood or other disaster, was the home of the assistance unit.

- If the sold or destroyed house was the home, go to Step 3.
- If the sold or destroyed house was not the home, go to Step 4.

Step 3: Inquire whether the proceeds from the sale or insurance will be used to purchase a new home.

- If the recipient intends to use the proceeds to purchase a new home, go to Step 5.
- If the recipient does not intend to use the proceeds to purchase a new home, go to Step 4.

Step 4: The proceeds from the sale or insurance are countable and, together with the assistance unit's other countable assets, must be compared against the $1,000 assets limitation.

- If the assistance unit's countable assets do not exceed the limit, it is still financially eligible. Note this fact in the case record; no further action is necessary
- If they do exceed the limit, to to Step 6.

Step 5: Note the receipt of the proceeds and the recipient's intention in the case record and inform him or her that any remaining proceeds will be counted against the $1000 assets limit in six months, and that (s)he should, therefore, use them to purchase a new home before that time. Review the case in six months, counting all cash, bank deposits, securities and the like, including any proceeds that remain because a new home was not purchased or its purchase did not use up the proceeds, in the usual manner. See CAG 4210: Countable and Non-Countable Assets.

. If the assistance unit's countable assets do not exceed the $1000 limit, it is still financially eligible and no further action is necessary.

. If they do exceed the limit, go to Step 6.

Step 6: Determine whether the recipient who possesses (in full or in part) the proceeds is:

- A natural or adoptive parent, go to Step 10.
- The only dependent child in the assistance unit, go to Step 10.
- Any other member of the assistance unit, go to Step 7.

Step 7: Determine whether the person who possesses the proceeds wishes to remain in the assistance unit.

- If (s)he does, go to Step 8.
- If (s)he does not, go to Step 9.

Step 8: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closing by a NFL-1; see CAG 5001: Using the NFL-1. Go to Step 11.

Step 9: Ask the individual who wishes to be removed from the assistance unit to sign a statement to that effect. Recalculate the grant, excluding the individual with the proceeds from the assistance unit and notify the unit of the change on a NFL-11; see CAG 5001: Using the NFL-11. Prepare and submit a TD to make the required changes; see CAG 4731: Case Closings and Reductions Without Advance Notice and Appendix II: Using the Turnaround Document. Go to Step 11.

Step 10: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closings by a NFL-1; see CAG 5001: Using the NFL-1. Go to Step 11.

Step 11: If appropriate, notify DES/WIN and the CSEU of the change; see CAG 4512: Notifying DES/WIN of Changes and CAG 5233: Form A-32B, Notice of Change.

Consider, or arrange for the consideration of the unit's eligibility for NPA Food Stamps, General Relief, and/or Medicaid only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3410 ASSISTANCE UNIT OR RECIPIENT LEAVES THE COMMONWEALTH

Step 1: Ask the recipient whether the absence is temporary; that is, whether (s)he intends to return to the Commonwealth; see CAG 4041: Residence and Temporary Absences.

. If (s)he intends to return, go to Step 2.

. If (s)he does not intend to return, go to Step 7.

. If you cannot locate the recipient to ask the question, go to CSG 3141: Member of the Assistance Unit Cannot Be Located.

Step 2: Ask the recipient whether the absence is likely to last more than 90 days.

. If (s)he states that it is likely to last more than 90 days, go to Step 4.

. If (s)he states that it is not likely to last 90 days, go to Step 3.

Step 3: If there is no conflicting information, and if you have no reason to doubt that the absence will last 90 days or less, go to Step 6.

If there is conflicting information, or you have reason to doubt the recipient's statement, go to Step 4.

Step 4: Request verification of the temporary nature of the absence; see CAG 4041: Residence and Temporary Absences.

. If the recipient provides the verification, go to Step 5.

. If the recipient does not provide the requested verification (see CAG 4710: Unreasonable Failure to Cooperate With Program Requirements), go to Step 9.

Step 5: Determine whether the verification provided supports the recipient's claim that the absence is temporary.

. If it does, go to Step 6.

. If it does not, go to Step 7.

Step 6: No change in grant amount or assistance unit's eligibility is necessary. Inform the grantee-relative that (s)he must notify the Department or if the recipient's (or the assistance unit's) plans to return to the Commonwealth change, and that the assistance checks will continue to be sent to the same address unless the grantee-relative requests that they be sent to the WSO or CSAO (see 306.400: Delivery of Checks).

Step 7: The absence is not temporary and the recipient or assistance unit is no longer eligible for AFDC.

- If the entire assistance unit is absent, go to Step 9.
- If the absent recipient is the only child in the assistance unit, go to Step 9.
- If the absent recipient is the grantee-relative, go to Step 8.
- If the absent recipient is any other member of the assistance unit, go to Step 10.

Step 8: Determine whether there is someone else in the home to serve as the grantee-relative.

- If there is, refer the case to intake to change the grantee-relative and go to Step 9.
- If there is not, immediately bring the case to the attention of Social Services; see CAG 4810: Making Social Services Referrals. Go to Step 9.

Step 9: The case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closing by a NFL-1; see CAG 5001: Using the NFL-1. Go to Step 11.

Step 10: Recalculate the grant and Food Stamps, if any, excluding the absent recipient from the assistance unit. Determine the effective date and prepare and submit a TD to make the required changes; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the unit by a NFL-10; see CAG 5010: Using the NFL-10. Go to Step 11.

Step 11: If appropriate, notify the CSEU and DES/WIN of the change; see CAG 5033: Form A-32B, Notice of Change, and CAG 4512: Notifying DES/WIN of Changes. Go to Step 12.

Step 12: If appropriate, consider or arrange for the consideration of the unit's or individual member's eligibility for NPA Food Stamps, General Relief, and/or Medicaid-Only. See CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3411 ASSISTANCE UNIT MOVES (WITHIN THE COMMONWEALTH)

Step 1: Determine whether the assistance unit's move is to a location

- Within the area covered by your office, go to Step 2.
- Not within the area covered by your office, but within the Commonwealth, case must be transferred to another office. See CAG 4930 Transferring Active Cases.
- Not within the Commonwealth, go to CSG 3310: Assistance Unit or Recipient Leaves the Commonwealth.

Step 2: Determine whether verification of the new address is necessary to avoid misdirecting future AFDC checks.

- If the recipient's statement suffices, go to Step 4.
- If verification is necessary, inform the recipient of the required and acceptable verifications; see CAG 4040: Residence for a listing of these verifications. Inform him or her of the necessity of providing this verification within 8 calendar days in order for the change of address to be effective within 14 calendar days; see CAG 4750: Time Standards for Department Action and Recipient Verification. Go to Step 3.

Step 3: If the recipient provides the necessary verification, go to Step 4.

If the recipient does not provide the necessary verification within 30 days, the case must be closed. Determine the effective date of the closing and prepare and submit a TD to close the case; see CAG 4730: Case Closings and Reductions with Advance Notice and Appendix II: Using the Turnaround Document. Notify the assistance unit of the closing by a NFL-1; see CAG 5001: Using the NFL-1. Go to Step 5.

Step 4: Prepare and submit a TD to make the required address change within 14 calendar days of the date the recipient notifies you of the move. (If verification of the new address, if required, is delayed, your time period for effecting the address change is extended in accordance with CAG 4750: Time Standards for Department Action and Recipient Verification.) No further action is necessary.

Step 5: If appropriate, notify DES/WIN and the CSEU of the change: see CAG 4512: Notifying DES/WIN of Changes and CAG 5233: Form A-32B, Notice of Change. Go to Step 6.

Step 6: Consider or arrange for the consideration of the unit's or individual members' eligibility for NPA Food Stamps, General Relief, and/or Medicaid-Only; see CAG 4820: Explaining and Making Referrals for Other DPW Programs.

3420 CHECK IS REPORTED LOST OR STOLEN

Step 1: Check the daily file to see if the check was mailed to the proper address.

- If it was mailed to the proper address, and fewer than 30 days have elapsed since the check date, go to Step 3.
- If it was mailed to the proper address, and more than 30 days have elapsed since the check date, go to Step 2.
- If the check was not mailed to the proper address, advise the recipient that (s)he may request a replacement check right away, but that it is to his or her advantage to wait a few days in case the check is being rerouted. If (s)he wants to request a replacement check, go to Step 3.

Step 2: In a few rare cases the director of your office will approve the replacement of a check that is more than 30 days old. Check with your director to see if replacement can be approved in this instance. The circumstance(s) contributing to the late filing of the FCB-1 must be put in writing on back of the FCB-1.

- If it can, go to Step 3.
- If it cannot, go to Step 4.

Step 3: If the check has not been located by the second day after the check date, ask the recipient to sign Form FCB-1 in triplicate; see CAG 5540: FCB-1, Statement of Loss.

- If the recipient signs the FCB-1, go to Step 5.
- If the recipient does not sign the FCB-1, go to Step 4.

Step 4: Inform the recipient by an NFL-9 that the request for a replacement check is being denied, and of his or her right to appeal this decision.

Step 5: Inquire whether the recipient is in immediate need of food or shelter as a result of the non-receipt of the check.

- If (s)he is, issue food or shelter vouchers as required; see CAG 4811: Vouchers to Meet Immediate Needs. Note the amount of the voucher(s) on Form FCB-1 for deduction from the replacement check. Complete Form NFL-18; see CAG 5018: Using the NFL-18. Go to Step 6.

Step 6: Advise the recipient that (s)he must return the original check if it is received at a later date. If the check was stolen tell the recipient to notify the police. Advise him or her of the procedures that will be followed in the event the check has been cashed (see Steps 8 and 9), and that if the check has not been cashed, (s)he will receive the replacement within 12 days of the signing of the FCB-1. Give one copy of Form FCB-1 to the client and place one copy in the case record. Send the original to the RDCU. Go to Step 7.

Step 7: Office of Finance will respond:

- If the check has not been cashed, a replacement will be issued within 12 calendar days of the signing of the FCB-1. No further action is required.
- If the check has been cashed, the Office of Finance will send a copy back to the CSAO/WSO. Go to Step 8.

Step 8: Send Form FCB-2 to the recipient scheduling an appointment for him or her to examine the signature(s) on the check; see CAG 5541: FCB-2, Notification of Return of Original and Replacement Checks.

- If the recipient responds within 5 days of the scheduled appointment, go to Step 9.
- If the recipient does not respond within 5 days of the scheduled appointment, inform him or her by an NFL-9 that no replacement check will be issued.

Step 9: Have the recipient sign Form FCB-3 in triplicate; see CAG 5542: FCB-3, Affidavit of Lost or Stolen Check.

- If the recipient signs the affidavit (when necessary provide a voucher(s) for food and/or shelter), go to Step 10.
- If the recipient admits to signing the original check or refuses to sign Form FCB-3, inform him or her by an NFL-9 that no replacement check will be issued. Note the information in the case record and go to Step 11.

Step 10: Give a copy of the FCB-3 to the recipient and retain one for the office record. Give the original to the CSAO/WSO Director. (S)He or a designee shall sign the FCB-3 in the lower right hand corner. Then (s)he will telephone the Office of Finance to inform them that the FCB-3 has been signed and that they should begin the process of check replacement. If the designee is the person who has notarized the FCB-3 there is no need for him/her to sign on the lower right hand corner of the form. The Office of Finance must issue a replacement check within 26 days of the signing of the FCB-1. The original FCB-3 and one copy should be forwarded as soon as possible through the RDCU to the

Office of Finance. The replacement check will not be released until the FCB-3 has been received by Finance. (Make sure all required dates are on the form.) The total amount issued as vouchers in Steps 5 and 9 may not exceed the amount of the missing check.

Step 11: Refer the case to the Bureau of Special Investigations. See CAG 4910: Referrals to BSI.

3430 OVERPAYMENT OCCURS

Step 1: Determine whether the overpayment is a result of Department error or of the continuation of assistance while an appeal was pending; see CAG 4773: Overpayments.

- If the overpayment was caused by Department error, go to Step 5.
- If the overpayment was caused by the continuation of assistance while an appeal was pending, go to Step 3.
- If the overpayment was not caused by either of the above, go to Step 2.

Step 2: Refer the case to the Bureau of Special Investigations; see CAG 4910: Referrals to BSI. Take no action on recovery until BSI responds. (However, a reassessment of the case's current eligibility and grant amount may proceed.) BSI will respond by returning a BSI Referral response form (BSI-30).

- If the response from BSI indicates that the overpayment was caused by recipient error, go to Step 5.
- If the response indicates that the overpayment was caused by misrepresentation or willful withholding of information, go to CAG 4776: Recovery of Overpayments Caused by Misrepresentation or Willful withholding of Information.

Step 3: Review the appeal referee's decision to determine if recovery is appropriate (it will be explicitly indicated by the referee, and is appropriate only in cases in which the appeal is denied). Go to Step 4.

Step 4: Determine the amount of the assistance overpaid pending the appeal decision. This is equivalent to the amount of assistance under appeal which was received from the date of the proposed reduction or termination to the date the appeal decision is implemented.

- If the appeal decision confirms a termination, refer to the Centralized Recoupment Unit. See CAG 4912: Referrals to the Centralized Recoupment Unit.
- If the appeal decision confirms a reduction, go to Step 6.

Step 5: Determine the amount of the overpayment for up to 12 months preceding the discovery of the overpayment; see CAG 4774: Determining the Amount of an Overpayment. Go to Step 6.

Step 6: Determine whether the recipient has any income other than the assistance grant or any countable assets; see CAG 4777: Resources Exclusive of the Current Assistance Grant.

- If he does, go to Step 7.

- If he does not have either income or assets exclusive of the current assistance grant, record the necessity for future recovery on Form OP-1 so that the recovery may proceed when such income or assets become available (See CAG 5640: OP-1, Overpayment Recovery Form).

- If the case has been closed, refer it to the Centralized Recoupment Unit. See CAG 4912: Referrals to Centralized Recoupment Unit.

Step 7: Recovery must proceed. Consult the recipient to determine whether the method of recovery is to be a lump-sum payment, a reduction of the assistance check, or a combination of both.

- If the recipient wishes to repay by a lump-sum payment, have him sign Form OP-1 (see CAG 5640: Form OP-1, Overpayment Recovery Form and secure a cashier's check made to the Commonwealth of Massachusetts, P.O. Box 48. Send the check and Payment Transmittal Card (see CAG 4775) to:

  Department of Public Welfare
  Box 48
  Essex Station
  Boston, MA 02112

- If the recipient wishes to repay by a reduction in assistance, determine the monthly reduction amount in accordance with CAG 4778: Recovery By a Reduction in the Assistance Check.

- If the recipient chooses to repay by a combination of the above methods, have him sign Form OP-1 and secure a cashier's check as above for the initial payment. Then determine the monthly reduction amount for the remainder of the overpayment in accordance with CAG 4778: Recovery By a Reduction in the Assistance Check.

- If the recipient refuses to choose one of the above methods, institute recovery in accordance with CAG 4778: Recovery By a Reduction in the Assistance Check.

Step 8: Record your recovery actions on Form OP-1, Overpayment Recovery Form (see CAG 5640).

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4000 CATEGORICAL ELIGIBILITY REQUIREMENTS

In order to be eligible for AFDC, an assistance unit must 1) be financially needy and 2) meet certain requirements of family composition, residence and compliance with the WTP and Child Support Enforcement Programs. These non-financial requirements, referred to as categorical eligibility factors, are the following:

- Presence of a dependent child (see CAG 4010);
- The relationship of the members of the unit (see CAG 4020);
- The living arrangement of the members of the unit (see CAG 4030);
- Deprivation of parental support or care (see CAG 4070);
- Residence in Massachusetts (see CAG 4040);
- Citizenship (see CAG 4050);
- Possession of a social security number (see CAG 4060);
- Participation in the WTP program (see CAG 4500); and
- Cooperation with Child Support Enforcement efforts (see CAG 4600).

4020 RELATIONSHIP

A. Requirement

In order for a dependent child to be eligible for AFDC, the child must be related to the grantee-relative in any one of the following ways:

- a blood relative, including a mother, a father, sister, brother, niece, nephew, aunt, uncle, or first cousin; or
- any one of these types of relatives of a preceding generation as indicated by the prefixes grand-, great, -or great-great; or
- a step-mother, step-father, step-brother, step-sister; or
- a parent by legal adoption or any of the adopting parent's blood relatives as defined above; or
- one of the adopting parent's natural or adopted children; or,
- a spouse of any of the relatives listed above, even if the marriage terminated in death or divorce.

B. Verification

Relationship must always be verified. The preferred sources of verification of relationship are:

- Birth certificates showing the names(s) of the parent(s);
- For school-aged children, school records showing the address of the child and the name and relationship of the relative responsible for the child; and
- The verifications of paternity listed in CAG 4021: Establishment of Paternity.

  NOTE: If paternity is established, marriage is not a requirement for inclusion of the father in the assistance unit. Verification of marriage is required when 1) the spouse is not the biological father; or 2) the relationship of the father to the child is being established by the fact that the parents are or were married. (see CAG 4021.)

If verification is not available from any of the sources listed above, relationship may be verified through the sources listed in CAG 4011: Dependent Child Under 18.

If the grantee is a relative other than a parent, verification of relationship may require tracing the relationship using several documents.

Manual Reference: 303.210

4021 ESTABLISHMENT OF PATERNITY

A father's relationship to a child is established for purposes of AFDC eligibility when the alleged father of a child:

- Is legally married to the mother (or was legally married to her at the time of the conception or birth of the child);
- Has entered into a common-law marriage with the mother in a state or county in which the common-law marriage is valid. Common-law marriage cannot be legally entered into in Massachusetts;
- Has been found to be the father in adjudication by a court;
- Has completed a legally binding agreement acknowledging paternity and his obligation to support the child and the agreement has been signed by both the father and the mother; or
- Has completed a voluntary acknowledgement of paternity (see CAG 5340: A-35, Acknowledgement of Paternity). NOTE: Unless the parents are married to each other, paternity of an unborn child cannot be established. Therefore, the alleged father cannot be included in the assistance unit until the child is born and paternity is established.

Unless paternity is established in one of the ways listed above, an alleged father may not be included in the assistance unit with the dependent child(ren).

Manual Reference: 303.220

4010 PRESENCE OF A DEPENDENT CHILD

The primary categorical AFDC eligibility requirement is the presence in the home of a dependent child. For AFDC purposes, a dependent child is:

- Any child under 18;
- Child 18, 19 or 20 who is attending a school, college or vocational or technical training program.
- The unborn child of a pregnant woman who has no other children in the home.

Manual reference: 303.100

4011 DEPENDENT CHILD UNDER 18

A. Requirement

A child under 18 is considered dependent for AFDC purpose whether or not (s)he is enrolled in school. A child who is 16 or 17 and who is not attending school, however, must be registered for WIN, unless (s)he is exempt. (See CAG 4523: School Attendance and WIN Exemptions.)

B. Preferred Source of Verification

The age of the dependent child must always be verified. The preferred source of verification of age is the child's birth or baptismal certificate. For a listing of the specific offices in each state from which the applicant or recipient can obtain a birth certificate, see Appendix I: Sources of Birth, Death, Marriage, and Divorce Records.

If the original birth certificate does not exist, have the applicant or recipient request a delayed birth certificate from the appropriate state, county, or city office listed in Appendix I, and tell him or her to bring the certificate to the CSAO/WSO as soon as it is received. You should advise the applicant that the possession of a birth certificate is in the child's interest, because many benefits which may become available to the child in the future, such as Social Security, veterans, or other benefits, or possible inheritances, may be denied or delayed if the child has no acceptable proof of birth.

C. Alternative Verification of Age: Priority I

If the applicant or recipient does not have and cannot obtain a birth or baptismal certificate, or if alternative verification of age is needed to establish AFDC eligibility while the applicant is awaiting a delayed birth certificate, age may be verified by one of the sources listed below. The usefulness of these documents in establishing age is due to their reliance upon a birth certificate, or their being recorded under roughly the same circumstances as a birth certificate.

- Family Bible or genealogical records;
- Passport;

Manual reference: 303.120

- Hospital birth records;
- U.S. Census records;
- Social Security (RSDI) benefit records;
- Immigration and naturalization records;
- Court records of adoption, adjudication of support, adjudication of paternity; and
- An affidavit of a third person. An affidavit may only be accepted as proof of age if the applicant or recipient demonstrates that (s)he has tried to obtain an appropriate document. See CAG 4012: Affidavit to Establish Age.

D. Alternative Verification of Age: Priority II

If none of the sources listed above are available, one of the following may be used to verify age provided the document is dated at least six months prior to the date of the AFDC application and contains evidence of the child's age.

- School records;
- Insurance policies;
- Employment records;
- Newspaper records and local histories;
- Indian agency records;
- Child Welfare service records;
- Voluntary social service records;
- Head Start Program records;
- Day Care Center records; or
- Other governmental records.

E. Resolution of Conflicting or Indefinite Birth Date Information

The reliability of the documents mentioned above increases with age. The applicant or recipient must try to obtain the oldest record possible. If you find a conflict in the various documents presented, you must resolve it, using careful judgement. The birthdate established by the older documents is likely to be the correct one.

4012 AFFIDAVIT TO ESTABLISH AGE

If the applicant or recipient can demonstrate that (s)he has tried to obtain an appropriate document, you may use an affidavit to verify age. Evidence of the applicant's attempts include letters to and responses from the appropriate agencies and institutions and statements from officials of such agencies and institutions. Of course, the applicant or recipient is not required to try to obtain records that are clearly unavailable. (For example, if the child was not born in a hospital, there is no point in requesting a hospital birth record.)

You should take an affidavit only from a person who is in a position to have knowledge of the date and circumstances of the birth of the child. The person giving the affidavit (known as the affiant) must be someone who will not receive AFDC payments as a member of the assistance unit whose application you are considering. He or she may, of course, receive AFDC as part of another unit.

Hearsay evidence is acceptable even though it is not based on first-hand experience or presence at the event. For example, the statement of a child's aunt that the child was born on July 24, 1959, and that the family always celebrated this date as the child's birthday, is acceptable. What is important is that the affiant personally has some experience which tends to establish a date of birth.

The affidavit must contain a signed, sworn statement. The affiant must be advised that he or she may be prosecuted for perjury or fraud or both if he or she swears to a false statement for the purpose of obtaining or helping someone else obtain AFDC benefits.

The affidavit must contain the following statement:

> I, ________________________________, do hereby swear under the pains and penalties of perjury that the above statement is true according to my best knowledge and belief.

Signature____ Date_______________

Address____ Telephone__________

Witness____

Relationship to Affiant____

After the affidavit has been taken, you must give a copy to the affiant, and file the original in the case record.

4013 DEPENDENT CHILD 18, 19, OR 20

A. Requirement

A child 18 or over and under 21 is considered a dependent child if (s)he is enrolled in and regularly attending a school, college, or a vocational or technical training program designed to fit him or her for gainful employment.

Enrollment

A child is considered to be enrolled if (s)he is:

- enrolled in a full-time course of training or study;
- enrolled in a half-time course and regularly employed in, or available for and actively seeking, part-time work; or
- enrolled at least half-time, and precluded from full-time attendance because of a physical handicap.

Half-time and full-time are defined according to the type of program:

- In a trade or technical school, in a program involving shop practice, full-time is 30 clock hours per week and half-time is 15 clock hours; in a program without shop practice, full-time is 25 clock hours and half-time is 12 clock hours.
- In a college or university, full-time is 12 semester or quarter hours and half-time is 8 semester or quarter hours.
- In a secondary school, full-time is 25 clock hours per week or 4 carnegie units per year and half-time is 12 clock hours or 2 carnegie units.
- In a secondary education program of cooperative training or in apprenticeship training, full-time is 30 clock hours per week.

Regular Attendance

A student is considered to be regularly attending if (s)he meets the school or institution's criteria for attendance and there is no evidence of suspension or expulsion. Regular attendance is not interrupted when the student

Manual reference: 303.130

is temporarily absent for reasons accepted by the school or institution, official school or institution vacation, illness, or family emergency.

A child over 18 who is not enrolled during the time school is normally in session is not eligible for AFDC even though (s)he may have plans to enroll at a later time.

Gainful Employment

The educational program is considered to be preparing the child for gainful employment if the school or institution offering the program in which the student is enrolled, or the program itself, is accredited or approved, or the program leads to a diploma, certification, or degree.

3. Verification

The age of a dependent child 18, 19 or 20 must always be verified. Acceptable methods of verifying age are described in CAG 4011: Dependent Child Under 18.

Verification of student status should be undertaken only when it is currently required or when you have reason to doubt that the child is enrolled, or is attending school regularly. Student status is verified by a statement from the appropriate school authority that the child is currently enrolled and is fulfilling the Commonwealth's requirements for school attendance, if applicable, or the school's standards if no Commonwealth requirements are applicable.

4014: Dependent Child: PREGNANCY

A. Requirement

A pregnant woman who has no other children receiving AFDC in her home may be eligible for AFDC, provided that all other applicable eligibility requirements are met. The child is not included in the assistance unit until (s)he is born.

Assistance may be authorized for the month in which it is verified that the child is expected to be born and the three (3) months preceding that month (the third trimester of pregnancy). Only the pregnant woman will be aided until the child is born.

Exception: As of 8/1/82 cases previously approved will be continued on assistance even though the pregnant woman may not yet be in the third trimester of pregnancy providing all other eligibility factors continue to be met. The spouse of the pregnant woman will also be eligible to continue receiving assistance if the individual was a member of the AFDC case as of 8/1/82 and all other eligibility factors are met.

B. Verification

Pregnancy and the month that the child is expected to be born are verified through the use of Form SS-32A, Medical Report Form, completed by a medical doctor, or by a statement on the doctor's letterhead.

4120: COMPOSITION OF THE ASSISTANCE UNIT

An assistance unit is a group of persons whose joint income, assets, and needs are considered in the determination of financial eligibility and the calculation of the grant amount.

The term, assistance unit, only includes those individuals who are actually receiving, or applying to receive, AFDC. However, because in some situations a member of an assistance unit may have a legal right to support from an individual who is not a member of the assistance unit, you may have to consider the income of a person not in the unit in determining the toal amount of income available to members of the unit. In other words, the income of an assistance unit that is considered in determining and redetermining financial eligibility includes income from non-members of the unit who have a legal obligation to support. The rules for considering such income are given in the income eligibility tests in CAGs 4302, 4303, 4410, and 4412.

The following rules must be used to determine who can be in the assistance unit and who cannot:

- All persons in the assistance unit must meet the applicable categorical requirements described in CAG 4000: Categorical Eligibility Requirements. Adults are eligible only in relation to a dependent child.
- An assistance unit may consist only of any combination of the following individuals:
  - a dependent child;
  - a pregnant woman in her third trimester;
  - one of the relatives of the child listed in CAG 4020: Relationship; and his or her spouse.

N.B. The spouse of the pregnant woman who has no other children receiving AFDC is not eligible to be included in the assistance unit.

No other relatives or individuals in the household may be included unless they are themselves dependent children.

- All members of the assistance unit must live in the same household.
- All eligible dependent children in the same household who are related to the grantee-relative in any of the ways specified in CAG 4020: Relationship are included in the same assistance unit.
- A recipient of SSI may not be included in the assistance unit. (The grantee-relative and his or her spouse may be an assistance unit if the only dependent child is an SSI recipient and all other applicable AFDC eligibility requirements are met.)

Manual Reference: 304.300

4030 LIVING ARRANGEMENT

A. Requirement

To be eligible for AFDC, the child and the grantee-relative (see CAG 4020: Relationship) must be living together in a place of residence maintained as a home.

B. Interpretation of Requirement

The requirement that the grantee-relative and the child live together is generally met if the they maintain a home and the grantee-relative is responsible for the child's day-to-day care. This means that the requirement is usually met even if either the child or the relative is temporarily absent from the hone. Acceptable reasons for the absence of either the child or the relative may include attendance at educational institutions, hospitalization, employment, visits, and similar situations of a temporary nature. If you have any questions about whether an absence is temporary, try to determine whether the grantee-relative is still responsible for the child's day-to-day care, that is, for making decisions about where the child will attend school and how (s)he will spend school vacations, and for providing him or her with clothes. If the majority of such responsibilities have shifted to another relative in another home, the living arrangement requirement is no longer met. The case must be closed and a new application filed.

A child who spends time with one of his or her parents under a shared custody agreement is not rendered ineligible by doing so. However, only one of the child's natural or adoptive parents may be the eligible grantee-relative for that child at any one time.

A child and grantee-relative may be considered to be living together even if the child is under court jurisdiction (for example, probation) or is in the legal custody of an agency that does not have physical possession of the child. However, a child and grantee-relative are not considered to be living together if the child has been voluntarily surrendered or court committed into the care and custody of a public or private agency that has physical possession of the child, unless the child returns to the home of the relative for a period of more than 30 consecutive days.

C. Verification

The assertion that the child does in fact lives with the grantee-relative specified on the application must be verified. Normally, the fact that the child and the relative live together will be obvious, and you can verify the living arrangement through observation during your home

Manual Reference: 302.230

visits at application and redetermination. If you have reason to doubt that the child and relative do live together, living arrangement may be verified by school records showing the address of the child and the name of the relative who is responsible for the child. If this information is not available, living arrangement may be verified by any of the following:

- Hospital or clinical records;
- Public Housing Authority records;
- Court support orders;
- Signed physician's statement;
- Juvenile court records;
- Child Welfare records;
- Voluntary social service agency records;
- Head Start Program records; or
- Day Care Center records.

4040 RESIDENCE

A. Requirement

In order to be eligible for AFDC, an applicant or recipient must meet one of two residency requirements:

- (S)he is living in the Commonwealth with the intention of making a home here, and not for a temporary purpose. Anyone who has no present intention of leaving the Commonwealth meets this residency requirement. (S)he need not intend to remain permanently.
- (S)he is living in the Commonwealth temporarily, and entered the Commonwealth either to fulfill a job commitment or to seek employment. Under this requirement, the primary determinant is the purpose for which the applicant or recipient entered the Commonwealth, rather than his or her intentions to remain. Anyone who enters to fulfill a job commitment or to seek employment meets this residency requirement, even if the employer is unable to keep the commitment or employment is not found.

The following persons do not meet the AFDC residency requirement:

- A person who enters or resides in the Commonwealth for a temporary purpose, other than fulfilling a job commitment or seeking work, and who plans to leave the state upon completing this purpose;
- A person who is a patient in a mental institution or an inmate of a penal or other public institution;
- A person who leaves the United States, its territories or possessions; and
- A person who is receiving assistance in another state.

B. Verification

The fact that the applicant or recipient actually lives in the Commonwealth must be verified. This fact may be verified by:

- A rent receipt or lease agreement;
- A signed statement from a landlord that (s)he has agreed to rent to the applicant or recipient;

Manual reference: 303.400

- United States Post Office records;
- Utility company records; or
- A deed or other evidence of ownership of the property used as the home.

The fact that the applicant or recipient has not moved to the Commonwealth for a temporary purpose, or that the temporary purpose for which (s)he has entered the Commonwealth is employment-related, need only be verified if you have reason to doubt that one of the AFDC residency requirements described above is met.

An applicant's or recipient's claim that (s)he intends to make his or her home in the Commonwealth (and therefore meets the first residency requirement) may be verified by:

- church or religious institution records;
- voter registration records;
- motor vehicle license or registration; or
- employment records.

An applicant's or recipient's claim that the temporary purpose for which (s)he has entered the Commonwealth is to fulfill a job commitment or seek employment (and that (s)he therefore meets the second residency requirement) may be verified by:

- a signed statement from the employer who made the job commitment; or,
- a current employment registration card.

4041 RESIDENCE AND TEMPORARY ABSENCES

A. Requirement

If an applicant or recipient meets one of the residency requirements described in CAG 4040: Residence, a temporary absence from the Commonwealth does not interrupt residence for AFDC purposes as long as there is intent to return to the Commonwealth. If there is no intent to return to the Commonwealth, the applicant or recipient (or entire assistance unit) is not eligible for AFDC.

Temporary absences include those for such reasons as health, business, school or family commitments.

B. Verification

The temporary nature of an absence that has lasted or can be expected to last for more than 90 days must be verified. The temporary nature of an absence of 90 days or less need not be verified unless there is conflicting information or you have reason to think that the absence will in fact last more than 90 days, or that the resident does not intend to return.

Acceptable verification of the temporary nature of an absence and of intent to return consists of:

- medical documentation;
- a short-term business or employment contract;
- school documents;
- evidence of continued payment of rent in Massachusetts; or,
- evidence of continued school enrollment in Massachusetts.

If an absence has lasted for more than 90 days and the recipient does not submit satisfactory evidence of intent to return (see CAG 4710: Unreasonable Failure to Cooperate With Program Requirements), the person(s) in question must be removed from the assistance unit. If the entire assistance unit is absent, the case must be closed.

Manual reference: 303.410

4060 SOCIAL SECURITY NUMBER

A. Requirement

In order to be eligible for AFDC, each applicant and recipient must provide the Department with the Social Security number (SSN) for each person requesting or receiving aid. If (s)he cannot furnish a number (because (s)he never applied for one or does not know the number), (s)he must apply for an SSN, show proof of the application, and furnish the number to the Department when it is received.

B. Verification

The possession of a SSN is verified by the applicant or recipient's statement of the number. The number must be entered on the Recipient Master File. If the applicant or recipient is unsure of a number you may accept any of the following documentation as verification:

- An original or duplicate Social Security card;
- Any checks issued by the Social Security Administration (SSA);
- Any correspondence from the SSA bearing the SSN;
- Any document bearing an SSN that the applicant or recipient claims is his or her (or his or her dependent's) number.

If an applicant or recipient does not have or does not know his or her number or that of any one of her dependents, (s)he must verify that an application has been made for an SSN for each member of the assistance unit who lacks one. Acceptable verification of application for an SSN consists of any one of the following:

- Form ENUM-2 (revised 11/79) with items 4 and 5 filled out and signed by an official of SSA. (See CAG 5320: ENUM-2, Referral to Social Security District Office.)
- Form 5028 from SSA.
- Any other official communication from the Social Security District office attesting than an application has been made.

Assistance must be denied or terminated for each individual without an SSN for whom an application for an SSN is not verified. See CAG 4710: Unreasonable Failure to Cooperate with Program Requirements. If the individual(s) in question is the only dependent child(ren), the entire assistance unit is ineligible.

Manual Reference: 303.600

Verification of application for an SSN is only sufficient for the 90 days following the date of application. At the end of 90 days, therefore, you must check to see whether the SSN has been automatically posted to the Recipient Master File, and printed out on the TD. If it has not, you must contact the recipient to obtain the number.

- If (s)he has received the number, enter it on the Recipient Master File on a TD.
- If (s)he has not received the number, complete a new ENUM-2 and instruct the recipient to reapply for a number, and return the form with the signature of an SSA official as verification of the new SSN application.

C. Dummy Numbers

Whenever an applicant or recipient or any of his or her dependents do not have an SSN but has verified application for one, you must enter a dummy SSN on the Recipient Master File on a TD. The dummy SSN is of the form 999-MM-DDYY where M is the month, D the day, and Y the year, the ENUM-2, Form 5028, or other proof of SSN application was signed by the SSA official.

Example: If March 1, 1981, is the date the ENUM-2 was signed by SSA, the number is 999-03-0181.

If an applicant or recipient must reapply for a SSN because SSA did not issue an SSN within 90 days, you must replace the existing dummy number on the TD with a new dummy number based on the proof of reapplication.

4070 DEPRIVATION

In order to be eligible for AFDC, a child must be deprived of the care or support of at least one parent through the death, continued absence, physical or mental incapacity, or unemployment of either parent, whether or not the parents are or were married to each other.

Illegitimacy is not in itself a deprivation factor; one of the four conditions listed above must exist with respect to either natural parent in order to establish AFDC eligibility.

The four deprivation factors and their verification are described in the following Case Action Guides:

- 4071: Deprivation Due to Continued Absence
- 4072: Deprivation Due to Death
- 4073: Deprivation Due to Incapacity
- 4074: Deprivation Due to Unemployment

Manual Reference: 303.300

4071 DEPRIVATION DUE TO CONTINUED ABSENCE

A. Requirement

The continued absence of either parent from the home constitutes deprivation when the absence interrupts or terminates the parent's functioning as a provider of maintenance, physical care, or guidance of the child, and the known or indefinite duration of the absence precludes reliance on the parent as a source of care or support. An absence is of a continued nature if it has lasted or clearly can be expected to last for at least 20 days.

A child is also considered to be deprived of parental support by reason of continued absence when: (1) the parent has been convicted of an offense and is under sentence of the court; (2) the parent is complying with the sentence which requires unpaid public work or unpaid community service during working hours; and (3) the parent is permitted by the court to live at home while serving the sentence.

All cases of continued absence, except when the parent is in the home performing court ordered public service, must be referred to the Child Support Enforcement Unit; see CAG 4600: Child Support Enforcement Requirements.

B. Verification

The continued nature of an absence must be verified. The kind of verification depends on the nature of the absence.

Absences that can be Verified by Official Documents

The following situations establish the expectation of continued absence from the home. Therefore, verification of the nature of or reason for the absence constitutes verification of its continued nature.

° If the reason for the absence is divorce, legal separation or annulment (including situations in which there are orders for separate support or a complaint for divorce or separate support has been filed), verification consists of the appropriate court records. See Appendix I: Sources of Birth, Death, Marriage and Divorce Records.

° If the reason for the absence is military service, it may be verified by military service papers, including orders to report and induction papers, giving the location of the assignment.

° If the reason for the absence is deportation, verification consists of the deportation order or other Immigration and Naturalization Service records.

° In cases in which spouse or child abuse has occurred and the non-abusing spouse and children have left the home, documentation of the initiation of court action is acceptable verification that the absence is likely to be of a continued nature.

In the following situations, the records used to verify the continued nature of the absence must indicate that it is likely to last at least 20 days:

- If the reason for absence is hospitalization, including confinement to a nursing home, intermediate care facility, skilled nursing facility, sanitarium, mental hospital, or general hospital, the continued nature of the absence is verified by hospital or institution records or a statement from the absent parent's physician indicating that the period of confinement has lasted or is expected to last more than 20 days.

- If the reason for absence is incarceration, acceptable verification includes written statements from the court reporter or Clerk of the Court, records of the facility at which the absent parent is incarcerated, or of the peace officer (local police, sheriff, state police) who transported the absent parent to the place of incarceration. The record or statement must indicate that the period of incarceration is or will be at least 20 days.

- If the reason for absence is commitment to an institution, verification of the continued nature of the absence includes records of the institution or commitment papers indicating that the period of confinement or commitment will be at least 20 days.

Absences that cannot be Verified by Official Documents

In some situations, the continued nature of an absence cannot be verified by official documents. Such situations include instances of separation without a court decree, desertion, abandonment, and illegitimacy. In such situations there are two ways of verifying the continued nature of the absence:

- Evidence of the absent parent's residence outside the home, including:
  - a lease or rent receipts;
  - maintenance of a telephone at another address;
  - a notice of a change of address to the employer of the absent parent;
  - a notice of a change of address to the Postal Service;
  - case records of the Child Support Enforcement Unit;
  - union records;

  - probation office records;
  - DES records;
  - Unemployment Compensation records;
  - evidence of receipt of pension, Social Security, SSI or unemployment checks at another address;
  - driver's license, motor vehicle registration, and voter registration records or other documents showing another address;
  - police records; and
  - Internal Revenue Service records.

- Written statements by persons who have a professional relationship with the applicant or recipient that support his or her statement about the continued nature of the absence. Such persons include doctors, attorneys, social workers, employers, law enforcement officials, probation officers, counselors, and clergy. (Remember that you must have permission for any collateral contact.) You should use your discretion in accepting collateral contact with friends of the absent parent or the applicant or recipient for verification of absence.

If none of the verifications listed above is available, or the verification that is available does not clearly indicate that the absence is continued, the continued nature of absence of less than 20 days is verified when it has lasted 20 days. In such cases the date of the parent's departure must be verified by

- a signed and notarized Affidavit of Parental Absence, Form CA-1 (see CAG 5350: Form CA-1). In using a CA-1 as verification, you should make certain that the applicant or recipient understands that (s)he is making the affidavit under penalty of perjury, and that making false statements to obtain AFDC benefits constitutes fraud, which may be prosecuted.

If such an absence does prove to be continued, the deprivation requirement is met on the first day of the absence, and AFDC is provided retroactively. Immediate needs may be met by means of food and shelter vouchers (see CAG 4801: Vouchers to Meet Immediate Needs).

Absences Due to a Parent Performing Court Mandated Unpaid Public Service

The situation is defined as absence only if the parent meets all of the following conditions: 1) was convicted of a crime, (this excludes cases which are continued without a finding); 2) has been sentenced to unpaid community service work or public service during working hours, thus preventing the parent from supporting his or her family; 3) is allowed to live at home; and 4) is performing the unpaid service. Eligibility does not exist until all four conditions are met.

Absences due to a parent performing court mandated unpaid public service can be verified by:

- court records or,
- statements from the probation office, and
- statement from the public service agency to insure performance of the sentence.

4072 DEPRIVATION DUE TO DEATH

A. Requirement

A child is deprived of parental support or care if either or both of his or her natural or adoptive parents are deceased.

When death is the deprivation factor, consider the possibility of the child's or other parent's eligibility for survivors' benefits from other programs (such as Social Security) and, if necessary, refer the applicant or recipient to apply for such benefits. See CAG 4860: Development of Other Benefits and CAG 4861: Referrals to Other Agencies.

B. Verification

Death must be verified. The preferred source of verification is the death certificate. Applicants and recipients may obtain death certificates from the sources listed in Appendix I: Sources of Birth, Death, Marriage and Divorce Records.

If the death certificate cannot be obtained, death may be verified by any of the following:

- a signed statement from the funeral director;
- newspaper obituary or death notice;
- Veterans Administration records;
- hospital records;
- records of other medical or long-term care institutions;
- record of death from one of the Armed Services;
- police records; or
- an award notice from the Social Security Administration awarding benefits based on the death of the parent.

If the applicant or recipient cannot verify deprivation by reason of death, inform him or her of the possibility of establishing deprivation on the basis of the parent's continued absence from the home. See CAG 4071: Deprivation Due to Continued Absence.

Manual Reference: 303.310

4073 DEPRIVATION DUE TO INCAPACITY

A. Requirements

A child is deprived of parental care or support if either parent has a physical or mental incapacity. A physical or mental incapacity is a physical or mental defect, illness, or impairment which substantially reduces or eliminates the parent's ability to support or care for the child. The condition must have existed, or be expected to exist, for at least 30 days.

In cases of incapacity, you should consider whether the parent and his or her family are potentially eligible for other benefits related to illness or disability, such as Social Security Disability Insurance or Worker's Compensation. If so, refer the applicant or recipient to apply for such benefits; see CAG 4860: Development of Other Benefits and CAG 4861: Referrals to Other Agencies. If the incapacity or impairment is the result of an accident in which there is a potential third party liability, see also CAG 4880: Assignment of Third Party Benefits.

B. Verification

Incapacity must be verified. Incapacity is verified by:

- A written statement from a competent medical authority, defined as a medical doctor or licensed psychologist. Form SS-32, Medical Report, can be used to obtain this statement; see CAG 5330.
- Evidence of the parent's receipt of Social Security Disability Benefits (RSDI) or Supplemental Security Income (SSI) based on disability or blindness.

The verification must be currently valid. This means that if a doctor states that an incapacity is expected to last six months, the incapacity must be reverified at the next redetermination; if (s)he states that the incapacity is expected to last a year, it need not be reverified until the year is up. If the doctor's statement indicates that the incapacity is never subject to improvement (for example, paralysis, loss of limbs, loss of sight, and so on), the incapacity need never be reverified.

If the statement does not indicate the duration of the incapacity, it must be reverified at the next redetermination.

A cessation of eligibility for RSDI, SSI, or Vocational Rehabilitation does not mean that incapacity for AFDC purposes has ceased. In these circumstances, however, the incapacity must be reverified by a statement from a competent medical authority.

Manual Reference: 303.330

4074 DEPRIVATION DUE TO UNEMPLOYMENT

A child is deprived of parental care or support if either parent is unemployed. For AFDC purposes, a parent is considered to be unemployed when (s)he meets five conditions. (S)he must:

- be unemployed or underemployed (working less than 100 hours a month);
- have a work history;
- have applied for Unemployment Compensation;
- have not refused a bona fide job offer without good cause; and
- have registered with WIN.

A. Unemployment or Underemployment

The parent must be unemployed or underemployed, defined as working (or participating in on-the-job training) less than 100 hours a month.

At application, this means that the parent must have been unemployed or employed for less than 100 hours per month for at least 30 days before this requirement is met. The requirement is met on the 31st day of unemployment or underemployment. A parent who has two weeks of full-time employment (80 hours) and two weeks of unemployment (0 hours) during the 30-day period preceding application meets this requirement.

For redeterminations, this requirement means that the parent must be unemployed or employed less than 100 hours a month.

At both application and redetermination, a parent meets the requirement of unemployment or underemployment if employed more than 100 hours if his or her work is intermittent and the excess is of a temporary nature. The excess is temporary if the parent was under the 100 hour limit for the prior two months and is expected to be under this limit during the coming month.

Unemployment or underemployment must be verified at application. Unemployment is verified through a current unemployment registration card, Unemployment Compensation payment notice, lay-off notice, or letter of dismissal. Underemployment (the number of hours worked) is verified by pay stubs or by a statement from the employer.

Manual Reference: 303.340

At redetermination, the parent's statement that (s)he meets this requirement need only be verified if:

- (s)he is working (you must verify the number of hours); or
- the information available to you about the parent's employment status is inconsistent, inconclusive or incomplete.

B. Work History

A parent meets the requirement that (s)he has a work history if:

- in at least six quarters within any period of 13 consecutive calendar quarters ending within one year prior to the application for AFDC (s)he:
  - earned at least $50; or
  - participated in a community work and training program under the WIN Program.

OR

- Within one year prior to the application for AFDC, the parent:
  - received unemployment compensation under an Unemployment Compensation law of any state or of the United States; or
  - was qualified to received such unemployment compensation but did not apply for it; or
  - performed work not covered by unemployment compensation which if covered would have created eligibility for unemployment compensation.

Under the first test, you must ask the applicant or recipient about his or her employment in the 17 calendar quarters immediately preceding the application for AFDC, including the quarter in which the application is made. Unless the information provided is contradictory or inconclusive, the parent's statements about his or her past employment need not be verified. The calendar "quarters" or any given year are as follows:

- January 1 - March 31
- April 1 - June 30
- July 1 - September 30
- October 1 - December 31

It may be useful to construct a chart to summarize the information about the parent's work history and determine whether this history meets the AFDC requirement. Consider the following example.

John Doe, his wife and child applied for AFDC on April 15, 1980. John has never worked, but his wife has. To determine whether she meets the work history requirement, the intake worker constructs the chart on the following page.

- In column I he lists the 17 quarters preceding the AFDC application.
- In column II he places an 'x' opposite each quarter in which Ms. Doe earned $50.00 or more, or participated in a community work and training program under WIN.
- In column III, he draws brackets to distinguish the five sets of 13 consecutive calendar quarters ending within a year of the application for AFDC.

If any one or more of the brackets in column III encompass six or more of the x's in column II, the parent meets the work history requirement. In this example, Ms. Doe meets the requirement.

C. Application for Unemployment Compensation

The parent must have applied for any Unemployment Compensation to which (s)he may be entitled.

The application for Unemployment Compensation must be verified. It is verified by documents of the Division of Employment Security or the comparable agency in the appropriate state.

D. Non-Refusal of a Bona Fide Job Offer Without Good Cause

The parent may not have refused a bona fide offer of employment or training for employment without good cause within the 30-day period prior to the first date of AFDC eligibility.

You can assume that this requirement is met if there is no evidence that such an offer was refused. If you have evidence that an offer of employment was refused, you should request verification that the offer was actually made before you attempt to determine whether the applicant or recipient had good cause to refuse it.

In the case of offers made through the Division of Employment Security or manpower agencies, the determination of whether the offer was bona fide or whether there was good cause for rejecting it is made by the DES worker or manpower agency.

In the case of offers made directly by an employer, the determination of whether the offer was bona fide or whether there was good cause for rejecting it is made by the AFDC worker.

Good cause to refuse an offer is present if:

- the offer was at a wage below the minimum wage for the type of work offered;
- the offer was at a wage below the wage level customary in the community for the type of work offered;
- the applicant or recipient was not physically able to engage in the work offered;
- the applicant or recipient had no means of transportation, either public or private, available to get to the place of work; or
- the working conditions were such that they posed more than usual risks to health and safety.

E. WIN Registration

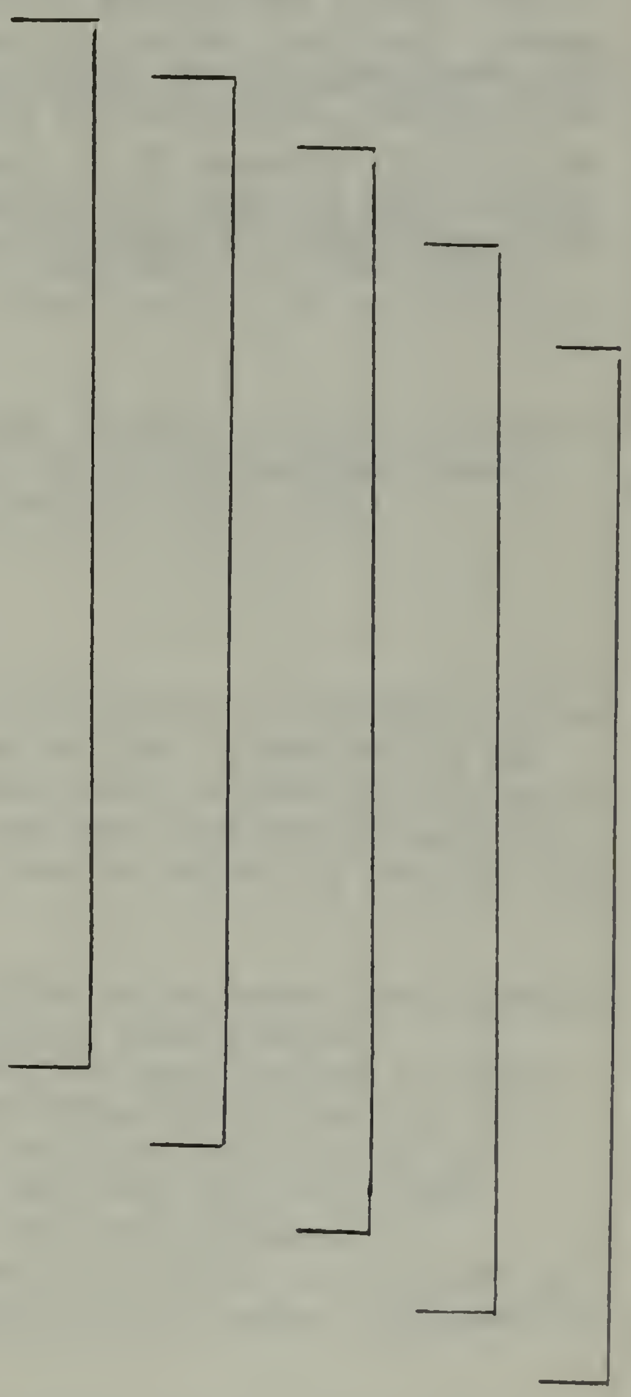
The parent must have registered for WIN, unless determined to be exempt. See CAG 4521: Unemployed Parents and WIN Exemptions.

CHART 4074
AFDC WORK HISTORY REQUIREMENT

	I Quarters preceding AFDC Application	II Quarters in which Parent was Employed or in WIN Community Work or Training Program.
1980	April - June	
	January - March	
1979	October - December	
	July - September	X
	April - June	X
	January - March	
1978	October - December	
	July - September	
	April - June	
	January - March	X
1977	October - December	
	July - September	X
	April - June	
	January - March	X
1976	October - December	X
	July - September	
	April - June	

III

13 Consecutive Calendar Periods



4075 SELECTION OF THE UNEMPLOYED PARENT

If both parents in the home are unemployed, or employed less than 100 hours a month, ask them to decide who is going to serve as the parent whose unemployment qualifies the family for AFDC. If the selected parent has the required work history, registers for WIN (unless exempt), and files for Unemployment Compensation, (s)he is the UP. If (s)he fails to meet any of these three requirements, determine whether the other parent can meet them. If (s)he can, (s)he is the UP.

If the parent designated as the UP starts working more than 100 hours a month, the other parent can take on the UP designation if (s)he meets the five requirements for unemployment (see CAG 4074), and there is no change in categorical eligibility (there may, however, be a change in financial eligibility because of the change in the parent's earnings). If the other parent does not meet the five requirements and is not incapacitated, the assistance unit is ineligible for AFDC.

4080: STRIKERS

An individual shall be considered a striker if (s)he is:

- actively engaged in a concerted work stoppage, slowdown, or interruption of operations by employees (this includes a stoppage by reason of the expiration of a collective bargaining agreement); or,

- honoring such an action by willful absence from his/her position or refusal, in whole or in part, to perform the duties of his/her employment.

Any employee affected by a lockout (i.e., the suspension of work or closing of a plant by an employer during a labor dispute) is not considered a striker.

If the striker is the natural or adoptive parent, or is the only dependent child in the assistance unit, the entire assistance unit is ineligible. In all other instances, only the striker is ineligible.

AFDC benefits must be denied, reduced or terminated while the individual is on strike. Benefits will also be denied, reduced or terminated for the entire calendar month if the individual was on strike on the last day of the calendar month.

Any assistance which was paid to an eligible person or family during the month in which the individual was on strike on the last day of the calendar month. will be considered an overpayment and must be recovered. (See 4773: Overpayments).

Example:

> Mrs. Jones was employed and received a partial AFDC grant for herself and her three dependent children. On 5/31, she went on strike. Since she is the natural or adoptive parent, the AFDC must be terminated beginning in June for the entire assistance unit. Also, any AFDC which was received between 5/1 and 5/31 must be recovered, because Mrs. Jones was on strike on the last day of the month.

When a strike has ended or when an individual striker is no longer participating in a strike, (s)he may apply to have the AFDC benefits increased or opened/reopened, if otherwise eligible. The individual must provide verification that the strike has ended or that (s)he is no longer participating in a strike. Acceptable verification is a written letter from the union or the employer, containing the date the strike ended or the date the individual stopped participating in a strike. AFDC benefits will be increased or opened/reopened when the strike has ended, when the individual is no longer participating in a strike, or when application/reapplication is made, whichever is later.

All cases in which an individual has gone on strike should have been subject to the Special Processing System and therefore will be closed/reduced utilizing the instructions contained in Section 2420: Table for Selection of Activity for Changes in the Special Processing System. The Action Reason to be used in closing the case/dependent/non-legally liable grantee is Action Reason 54. Any cases which are closed/reduced due to a strike and which are in receipt of PA food stamps, must have their eligibility for NPA food stamps reviewed in accordance with the Food Stamp Procedural Memo (FSPM) IV.

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4100 FINANCIAL ELIGIBILITY AND GRANT CALCULATIONS

In addition to meeting the categorical requirements described in CAG 4000, an assistance unit must be financially needy in order to be eligible for AFDC. There are three requirements in the determination of financial need: an assets test and two income tests. The basic tasks in determining financial eligibility are:

1. Determining whose assets, income and needs are to be considered in these tests (see CAG 4120: Composition of the Assistance Unit).

2. Determining if the combined countable assets of this group, referred to as the assistance unit, are less than $1000 (see CAG 4200: The Asset Test of Financial Eligibility).

3. Determining if the combined gross countable income of the assistance unit is equal to or below the Eligibility Standard (150% of the Need Standard) for the number of people in the assistance unit (see CAG 4140: Eligibility Standard, Need Standard and Payment Standard and CAGs 4301, 4302, 4303, and 4320.)

4. Determining if the combined net countable income of the assistance unit, i.e. the gross countable income minus the relevant deductions and disregards, is equal to or below the Need Standard for an assistance unit of that size (See CAG's 4301, 4302, and 4303).

If the assistance unit is eligible (i.e., has passed all of the above tests), the amount of the grant will be calculated on the basis of the number of people in the unit and the amount of income available to them. (See CAG 4400: Calculating the Grant Amount). In no event will the payment exceed the Payment Standard.

4110 EXPLAINING FINANCIAL ELIGIBILITY TESTS AND GRANT CALCULATIONS

The following basic points about financial eligibility may be useful in explaing it to applicants and recipients. Both assets and income count toward meeting the test of financial eligibility.

- An assistance unit with more than $1000 in countable assets is ineligible for AFDC even if it has no income. The combined assets of all members of an assistance unit must be compared to the asset limit.

- The composition of an assistance unit affects its eligibility. The total assets of the members of the assistance unit must be compared to the asset limit. The income of all the members of the assistance unit must be compared to the Eligibility Standard and to the Need Standard for a unit of that size. Therefore, a unit may pass the Eligibility Standard and Need Standard test when another member is added to the unit, but may be ineligible if the new member has assets whose value when added to the value of the assets of the other members of the unit exceeds the asset limit (See CAG 4121: Variations in Eligibility and Grant Amounts Based on Different Compositions of the Assistance Unit.

- No deductions from countable income are allowed for the purpose of the first test of financial eligibility (the "150% Test").

- The deductions from gross earned income allowed for the purposes of the Second Test of Financial Eligibility (The Need Standard Test) are work-related expenses; and dependent care deduction (see CAG 4340); and the "$30 Plus One-Third" Disregard which is applied in this test only under the circumstances outlined in CAG 4425: Eligibility Requirements for the $30 Plus One-Third Disregard).

- Eligibility for the "30 and one-third" disregard may vary for different members of the assistance unit (See CAG 4425: Eligibility Requirements for the $30 Plus One-Third Disregard).

- An assistance unit that becomes financially ineligible for AFDC continues to be eligible for four consecutive months of Medicaid coverage, beginning with the month in which they became ineligible for AFDC, provided that:

1) The assistance unit became ineligible through increased earnings from employment;

2) The assistance unit was eligible for AFDC for three of the six months immediately preceding the month in;

3) A family member whose earnings must be considered continues to be employed.

(See MPAPM Chapt. I. Sec. F)

° An unmarried pregnant woman under 18 who does not live alone, and who is included as a dependent in the assistance unit, cannot be considered a separate assistance unit until she becomes 18 or gives birth to a child over whom she then exercises day-to-day care. She has the right to remain in the assistance unit with her parent(s) or other grantee-relative if she chooses. If she chooses to do so, both she and her child are included in that assistance unit.

4121 VARIATIONS IN ELIGIBILITY AND GRANT AMOUNTS BASED ON DIFFERENT COMPOSITIONS OF THE ASSISTANCE UNIT

In some situations an individual will have a choice about whether or not (s)he and his or her income and assets are to be included in the assistance unit. Inclusion in the assistance unit would mean that total income would be compared to a higher Eligibility Standard in the First Test of Financial Eligibility (the 150% Test) and to a higher Need Standard in the Second Test.

To determine if adding an individual to the assistance unit would be beneficial, it is necesssary to calculate the budget in two (2) ways: 1) determine the amount of the grant excluding the individual, and 2) determine the amount of the grant including the individual (also include all gross countable income minus all applicable deductions and disregards). The comparison of the household's total income using the two calculations should enable a determination of whether the assistance unit's total income would be raised or lowered by including the individual.

EXAMPLE 1:

A household is comprised of Mrs. Jones and her three dependent children, Alice, Barbara, and Carol. Carol has unearned income from RSDI of $80.00 per month. To determine if it would be financially beneficial to include Carol in the assistance unit, compare the household's total income, including Carol's, to the household's total income, excluding Carol's from the assistance unit.

$379.20	AFDC Payment Standard for an assistance unit of 3
+80.00	Carol's unearned income from RSDI
$459.20	TOTAL income to the household (excluding Carol from the assistance unit)

$386.70	AFDC Need Standard for an assistance unit of 4 ($466.70) minus the unearned income ($80.00)
+80.00	Carol's unearned income from RSDI
$466.70	TOTAL income to the household (including Carol in the assistance unit)

In this example, it would appear to be financially beneficial to the assistance unit to include the individual with income.

EXAMPLE 2:

A household is comprised of Mrs. Jones and her three dependent children, Alice, Barbara, and Carol. Carol has unearned income from RSDI of $100.00 per month. To determine if it would be financially beneficial to include Carol in the assistance unit, compare the household's total income, including Carol's income, to the household's total income, excluding Carol's from the assistance Unit.

$379.20	AFDC Payment Standard for an assistance unit of 3
+100.00	Carol's unearned income from RSDI
$479.20	TOTAL income to the household (excluding Carol from the assistance unit)

$366.70	AFDC Need Standard for an assistance unit of 4 ($466.70) minus the unearned income ($100.00)
+100.00	Carol's unearned income from RSDI
$466.70	TOTAL income to the household (including Carol in the assistance unit)

In this example, it would not be financially beneficial to the assistance unit to include the individual with income, however, the individual may wish to be included to obtain other benefits such as Medicaid.

Any assets of the individual would increase the assets of the assistance unit, which must be compared to the $1000 asset limit, no matter what the size of the assistance unit.

Inclusion in the assistance unit would also confer automatic Medical Assistance eligibility, which may in some circumstances outweigh a reduction in cash assistance.

Inform the unit of the implications of different compositions, particularly if an ineligible unit could be eligible if one of its members (and his or her income and assets) were not included. Remember, however, that excluding a member from the assistance unit will only affect eligibility and the grant amount when there is no legal obligation to support (as in the case of grantee-relatives other than parents). If there is a legal obligation to support, the individual's income is countable as income to the assistance unit even if (s)he chooses not to accept AFDC.

° An unmarried pregnant woman under 18 who does not live alone, and who is included as a dependent in the assistance unit, cannot be considered a separate assistance unit until she becomes 18 or gives birth to a child over whom she then exercises day-to-day care. She has the right to remain in the assistance unit with her parent(s) or other grantee-relative if she chooses. If she chooses to do so, both she and her child are included in that assistance unit.

4121 VARIATIONS IN ELIGIBILITY AND GRANT AMOUNTS BASED ON DIFFERENT COMPOSITIONS OF THE ASSISTANCE UNIT

In some situations an individual will have a choice about whether or not (s)he and his or her income and assets are to be included in the assistance unit. Inclusion in the assistance unit would mean that total income would be compared to a higher Eligibility Standard in the First Test of Financial Eligibility (the 150% Test) and to a higher Standard of Assistance in the Second Test.

By comparing the individual's gross countable income to the incremental Eligibility Standard, and by comparing the individual's net income, i.e. the gross countable income minus all applicable deductions and disregards, to the Incremental Standard of Assistance, you can determine if eligibility would be affected and whether the assistance unit's grant would be raised or lowered by including the individual.

Any assets of the individual would increase the assets of the assistance unit, which must be compared to the $1000 asset limit, no matter what the size of the assistance unit.

Inclusion in the assistance unit would also confer automatic Medical Assistance eligibility, which may in some circumstances outweigh a reduction in cash assistance.

Inform the unit of the implications of different compositions, particularly if an ineligible unit could be eligible if one of its members (and his or her income and assets) were not included. Remember, however, that excluding a member from the assistance unit will only affect eligibility and the grant amount when there is no legal obligation to support (as in the case of grantee-relatives other than parents). If there is a legal obligation to support, the individual's income is countable as income to the assistance unit even if (s)he chooses not to accept AFDC.

4130 INCOME

Income can be countable or non-countable and earned or unearned. It may be received in cash or in-kind. Income includes support that a legally liable relative is assumed to be providing to a member of an assistance unit with whom (s)he is living. Income also includes income deemed to members of the Assistance Unit, such as determined in the Stepparent Liability Process.

All income, earned or unearned, in cash or in-kind, not specifically excluded in Sections 304.230, 304.270, and 304.280 of the Policy Manual as non-countable is countable. If it is not excluded in the sections listed above, count it.

All income is considered for the month in which it is actually received. Income which is received on other than a monthly basis, such as weekly or semi-monthly, must be converted to a monthly amount before being used in grant calculations.

Generally, income may be distinguished from assets by the fact that assets are held, and tend to be fairly stable, while income is usually recurring and is usually not held. For AFDC purposes, income that is held becomes an asset in the month after it is received.

Income falls into four broad categories:

- Earned income, that is, income, in cash or in-kind, earned through employment or self-employment
- Unearned income, that is, all income which a person does not earn by the application of his or her own efforts, or by the application of his or her own managerial skills. Unearned income includes, but is not limited to:
  - Dividends;
  - Interest;
  - Unemployment Compensation payments;
  - Pensions;
  - Social Security (RSDI) benefits;
  - Veterans benefits;
  - Capital gains in which an individual exercises no managerial role;
  - Contributions from friends and relatives;
  - Prizes, lottery winnings or other lump-sum payments taxed as income; and
  - Stepparent Liability.

Manual Reference: 304.200 and 304.220

- In-Kind Income, that is, income in any form other than cash. It may consist of a share of crops, free services, free rent, free utilities, clothing or food, but is not necessarily limited to these. It may be earned or unearned.

- Income from Legally Liable Relatives. A relative who is legally liable to support a member or members of an assistance unit with whom (s)he is living is assumed to be providing support to the unit. This support is counted as income.

4131 RULES FOR CONSIDERING INCOME

In general, income that is countable in determining whether an assistance unit is eligible for AFDC is also countable in determining the amount of its grant. There are, however, several exceptions to the usual method of counting income. Both the rules and exceptions are described in more detail in the following sections:

- The rules for determining and verifying earned and unearned income are given in the CAGs in the 4320, 4330, 4340 and 4350 series.

- The rules for assessing income-in-kind are given in CAG 4360.

- The rules for assessing the amount of income available from a legally liable relative are described in CAG 4302: The Income Eligibility Test for Remarried Parents and Determination of Attributable Income from a Stepparent and CAG 4303: The Income Eligibility Test for an Unmarried Pregnant Woman or Parent Under 18, and CAGs 4410 and 4412.

- The rules for assessing the amount of a stepparent's income which may be deemed to the members are contained in CAG 4302: The Income Eligibility Test for Remarried Parents and Determination of Attributable Income from a Stepparent.

- The rules for considering income in determining income eligibility are given in the CAGs in the 4300 series.

- The exceptions that occur when earned income is considered in redetermining eligibility and calculating the grant amount are described in CAG 4310: Retesting Income Eligibility and CAG 4400: Calculating the Grant Amount.

- The exception that applies when the income is from an absent parent is described in CAG 4133.

- The exception that applies when the income is a payment that represents accumulated recurring income, such as a retroactive Social Security check, is described in CAG 4420: Treatment of Retroactive Lump Sum Payments.

4140 ELIGIBILITY STANDARD AND STANDARD OF ASSISTANCE

The Eligibility Standard and the Standard of Assistance are used in the tests of financial eligibility (CAG's: 4301: The Income Tests of Financial Eligibility; 4302: The Income Eligibility Test for Remarried Parents and Determination of Attributable Income from a Stepparent; and 4303: The Income Eligibility Test for an Unmarried Pregnant Woman or Parent Under 18. The Eligibility Standard is always equal to 150% of the Sandard of Assisance for units with the same number of members.

The Standard of Assistance is also used in calculating the grant amount (See CAG: 4400), after determining that the assistance unit is financially eligible.

ASSISTANCE UNIT SIZE	ELIGIBILITY STANDARD (150% OF STANDARD OF ASSISTANCE)	STANDARD OF ASSISTANCE
1	$371.25	$247.50
2	$471.30	$314.20
3	$568.80	$379.20
4	$666.75	$444.50
5	$764.55	$509.70
6	$862.65	$575.10
7	$960.30	$640.20
8	$1058.25	$705.50
9	$1156.35	$770.90
10	$1254.00	$836.00
INCREMENTAL	$ 98.25	$ 65.50

The Incremental Eligibility Standard is used in determining the Eligibility Standard for assistance units larger than 10. For example, for an assistance unit with seventeen people, you would determine the Eligibility Standard this way:

Standard for 10 + ((17-10) x Incremental Standard) =

$1254 + (7 x 98.25) =

$1254 + 687.75 =

$1941.75 (eligibility standard for 17)

The Incremental Standard of Assistance is used in determining the Standard of Assistance for assistance units larger than 10. For example, for an assistance unit with seventeen people, you would determine the Standard of Assistance this way:

Standard for 10 + ((17-10) x Incremental Standard)

836 + (7 x 65.50)

836 + 458.50

1294.50 (Standard of Assistance for 17)

The Incremental Standard of Assistance is also used in determining the eligibility of a remarried parent or an unmarried pregnant woman or parent under 18 living with his or her parent(s). See CAG's 4302 and 4303.

Manual Reference: 304.400 and 304.410

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4120 COMPOSITION OF THE ASSISTANCE UNIT

An assistance unit is a group of persons whose joint income, assets, and needs are considered in the determination of financial eligibility and the calculation of the grant amount.

The term, assistance unit, only includes those individuals who are actually receiving, or applying to receive, AFDC. However, because in some situations a member of an assistance unit may have a legal right to support from an individual who is not a member of the assistance unit, you may have to consider the income of a person not in the unit in determining the total amount of income available to members of the unit. In other words, the income of an assistance unit that is considered in determining and redetermining financial eligibility includes income from non-members of the unit who have a legal obligation to support. The rules for considering such income are given in the income eligibility tests in CAGs 4302, 4303, 4410, 4411 and 4412.

The following rules must be used to determine who can be in the assistance unit and who cannot:

- All persons in the assistance unit must meet the applicable categorical requirements described in CAG 4000: Categorical Eligibility Requirements. Adults are eligible only in relation to a dependent child.

- An assistance unit may consist only of any combination of the following individuals:

  - a dependent child;

  - a pregnant woman;

  - one of the relatives of the child listed in CAG 4020: Relationship;

  - the spouse of the relative or pregnant woman.

  No other relatives or individuals in the household may be included unless they are themselves dependent children.

- All members of the assistance unit must live in the same household.

- All eligible dependent children in the same household who are related to the grantee-relative in any of the ways specified in CAG 4020: Relationship are included in the same assistance unit.

- A recipient of SSI may not be included in the assistance unit. (The grantee-relative and his or her spouse may be an assistance unit if the only dependent child is an SSI recipient and all other applicable AFDC eligibility requirements are met.)

Manual Reference: 304.300

4120 COMPOSITION OF THE ASSISTANCE UNIT

An assistance unit is a group of persons whose joint income, assets, and needs are considered in the determination of financial eligibility and the calculation of the grant amount.

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  - a dependent child;
  - a pregnant woman;
  - one of the relatives of the child listed in CAG 4020: Relationship;
  - the spouse of the relative or pregnant woman.

  No other relatives or individuals in the household may be included unless they are themselves dependent children.
- All members of the assistance unit must live in the same household.
- All eligible dependent children in the same household who are related to the grantee-relative in any of the ways specified in CAG 4020: Relationship are included in the same assistance unit.
- A recipient of SSI may not be included in the assistance unit. (The grantee-relative and his or her spouse may be an assistance unit if the only dependent child is an SSI recipient and all other applicable AFDC eligibility requirements are met.)

Manual Reference: 304.300

- An unmarried pregnant woman under 18 who does not live alone, and who is included as a dependent in the assistance unit, cannot be considered a separate assistance unit until she becomes 18 or gives birth to a child over whom she then exercises day-to-day care. She has the right to remain in the assistance unit with her parent(s) or other grantee-relative if she chooses. If she chooses to do so, both she and her child are included in that assistance unit.

4121 VARIATIONS IN ELIGIBILITY AND GRANT AMOUNTS BASED ON DIFFERENT COMPOSITIONS OF THE ASSISTANCE UNIT

There are a number of situations in which an individual will have a choice about whether or not (s)he and his or her income and assets are to be included in the assistance unit. While inclusion in the assistance unit means that income is compared to a higher Standard of Assistance to determine eligibility and the grant amount, it may also mean that the unit's total income is higher. Whether the grant is lower or higher than it would be without the individual depends on the amount of the individual's income. If the countable income of a member or potential member of the assistance unit is greater than the incremental Standard of Assistance, the grant will be lower than it would be if that person was not included in the assistance unit. On the other hand, inclusion in the assistance unit confers automatic Medicaid eligibility. Depending on the circumstances, this may outweigh the possible reduction in cash assistance.

You should inform the unit of the implications of different compositions, particularly if an ineligible unit could be eligible if one of its members (and his or her income) was not included. Remember, however, that excluding a member from the assistance unit will only significantly affect eligibility and the grant amount when there is no legal obligation to support (as in the case of stepparents and grantee-relatives other than parents). If there is a legal obligation to support, the individual's income is countable as income to the assistance unit even if (s)he chooses not to receive AFDC.

- An unmarried pregnant woman under 18 who does not live alone, and who is included as a dependent in the assistance unit, cannot be considered a separate assistance unit until she becomes 18 or gives birth to a child over whom she then exercises day-to-day care. She has the right to remain in the assistance unit with her parent(s) or other grantee-relative if she chooses. If she chooses to do so, both she and her child are included in that assistance unit.

4121 VARIATIONS IN ELIGIBILITY AND GRANT AMOUNTS BASED ON DIFFERENT COMPOSITIONS OF THE ASSISTANCE UNIT

In some situations an individual will have a choice about whether or not (s)he and his or her income and assets are to be included in the assistance unit. Inclusion in the assistance unit would mean that total income would be compared to a higher Eligibility Standard in the First Test of Financial Eligibility (the 150% Test) and to a higher Standard of Assistance in the Second Test.

By comparing the individual's gross countable income to the incremental Eligibility Standard, and by comparing the individual's net income, i.e. the gross countable income minus all applicable deductions and disregards, to the Incremental Standdard of Assistance, you can determine if eligibility would be affected and whether the assistance unit's grant would be raised or lowered by including the individual.

Any assets of the individual would increase the assets of the assistance unit, which must be compared to the $1000 asset limit, no matter what the size of the assistance unit.

Inclusion in the assistance unit would also confer automatic Medical Assistance eligibility, which may in some circumstances outweigh a reduction in cash assistance.

Inform the unit of the implications of different compositions, particularly if an ineligible unit could be eligible if one of its members (and his or her income and assets) were not included. Remember, however, that excluding a member from the assistance unit will only affect eligibility and the grant amount when there is no legal obligation to support (as in the case of step-parents and grantee-relatives other than parents). If there is a legal obligation to support, the individual's income is countable as income to the assistance unit even if (s)he chooses not to accept AFDC.

4130 INCOME

Income can be countable or non-countable and earned or unearned. It may be received in cash or in kind. Income includes support that a legally liable relative is assumed to be providing to a member of an assistance unit with whom (s)he is living.

All income, earned or unearned, in cash or in kind, not specifically excluded in Sections 304.230, 304.270 and 304.280 of the Policy Manual as non-countable is countable. If it is not excluded in the sections listed above, count it.

All income is considered for the month in which it is actually received. Income which is received on other than a monthly basis, such as weekly or semi-monthly, must be converted to a monthly amount before being used in grant calculations.

Generally, income may be distinguished from assets by the fact that assets are held, and tend to be fairly stable, while income is usually recurring and is usually not held. For AFDC purposes, income that is held becomes an asset in the month after it is received.

Income falls into four broad categories:

- Earned income, that is, income, in cash or in kind, earned through employment or self-employment.
- Unearned income, that is, all income which a person does not earn by the application of his or her own efforts, or by the application of his or her own managerial skills. Unearned income includes, but is not limited to:
  - Dividends;
  - Interest;
  - Unemployment Compensation payments;
  - Pensions;
  - Social Security (RSDI) benefits;
  - Veterans benefits;
  - Capital gains in which an individual exercises no managerial role;
  - Contributions from friends and relatives; and
  - Prizes, lottery winnings or other lump-sum payments taxed as income.

Manual Reference: 304.200 and 304.220

- In-Kind Income, that is, income in any form other than cash. It may consist of a share of crops, free services, free rent, free utilities, clothing, or food, but is not necessarily limited to these. It may be earned or unearned.

- Income from Legally Liable Relatives. A relative who is legally liable to support a member or members of an assistance unit with whom (s)he is living is assumed to be providing support to the unit. This support is counted as income.

4131 RULES FOR CONSIDERING INCOME

In general, income that is countable in determining whether an assistance unit is eligible for AFDC is also countable in determining the amount of its grant. There are, however, several exceptions to the usual method of counting income. Both the rules and exceptions are described in more detail in the following sections:

- The rules for determining and verifying earned and unearned income are given in the CAGs in the 4320, 4330, 4340 and 4350 series.

- The rules for assessing income-in-kind are given in CAG 4360.

- The rules for assessing the amount of income available from a legally liable relative are described in CAG 4302: The Income Eligibility Test for Remarried Parents and CAG 4303: The Income Eligibility Test for an Unmarried Pregnant Woman or Parent Under 18, and CAGs 4410, 4411 and 4412.

- The rules for considering income in determining income eligibility are given in the CAGs in the 4300 series.

- The exceptions that occur when earned income is considered in redetermining eligibility and calculating the grant amount are described in CAG 4310: Retesting Income Eligibility and CAG 4400: Calculating the Grant Amount.

- The exception that applies when the income is from an absent parent is described in CAG 4133.

- The exception that applies when the income is a payment that represents accumulated recurring income, such as a retroactive Social Security check, is described in CAG 4420: Treatment of Retroactive Lump Sum Payments.

4132 NON-COUNTABLE INCOME

The following types of income are never countable for AFDC purposes:

- all income of persons receiving Supplemental Security Income (SSI);
- Social Security (RSDI) children's insurance benefits paid to persons 18 through 21 years of age who are full-time students;
- the cash value (face amount) of Food Stamps;
- the cash value of USDA-donated Food Stamps or surplus commodities;
- payments under the Nutrition Program for the Elderly (Title VII of the Older Americans Act of 1965);
- the value of assistance received under the Child Nutrition Act of 1966 and the National School Lunch Act;
- home produce consumed by members of the assistance unit and their families;
- all earnings of children under 14;
- weekly incentive payments of up to $30 and expense allowances from the Division of Employment Services, and training allowances under CETA;
- incentive payments of $30 per week or less received under a vocational rehabilitation program of the Massachusetts Rehabilitation Commission;
- salaries from public service employment under WTP and reimbursement for training-related expenses under WTP and the monthly stipend of up to $110 for expenses incurred while volunteering in the Commonwealth Service Corps;
- payments received under CETA Youth Employment Demonstration Programs;
- any loan or grant, such as a scholarship, the terms of which preclude its use for current maintenance;
- any grant or loan to an undergraduate student for educational purposes made or insured under any program administered by the U.S. Commissioner of Education;
- irregular or infrequent income which cannot be reasonably projected over a period of time and which is less than $40 in any calendar month;

Manual Reference: 304.250

- Experimental Housing Allowance Program payments made under contracts entered into prior to 1975;
- payments to, or reimbursement given to volunteers serving as foster grandparents, senior health aides, or senior companions, or serving in the Service Corps of Retired Executives, or in any other program established under the Domestic Service Act of 1973;
- funds distributed to, or held in trust for members of any Indian tribe pursuant to a judgment of the Indian Claims Commission;
- the tax-exempt portions of payments made under the Alaska Native Claims Settlement Act;
- payments to Native Americans under Public Law 94-114;
- relocation payments as described in 304.140 (A);
- housing subsidies received under any Massachusetts or Federal housing program;
- income from employment as an 1980 census enumerator;
- room and board income from a child of the grantee relative;
- incentive payments to participants in the National Health Insurance Study and the Case Management demonstration program; and
- all earned income of any child who is a full-time student, or a part-time student but not a full-time employee; and
- work study income of undergraduate students under a federally assisted work-study program.

4133 INCOME FROM AN ABSENT PARENT

Money income from an absent parent is only countable in determining income when received directly by the Applicant/Recipient. Once an assistance unit is on AFDC, the absent parent must pay such income directly to the Department, and it is not counted in determining the amount of the grant or in redetermining eligibility.

In-kind support from an absent parent - such as mortgage or rental payments paid directly to the vendor - are countable as in-kind income in determining the amount of the grant. See CAG 4360: Income In Kind.

Manual Reference: 304.240

T-4134: EFFECT OF THE JULY, 1982 SOCIAL SECURITY INCREASE

Effective July 3, 1982, the grant of those AFDC recipients who also receive Social Security must be reduced by an amount equal to the 7.4% increase in their Social Security benefits. Recipients who receive Social Security were sent notices on June 21, 1982 advising them of the reduction. (See Exhibit 1)

The grant is adjusted by a computer operation either utilizing information from the Social Security Administration Bendex File (cases coded "B" or "O") or by adding 7.4% to the old Social Security amount on file. (Note that "cents" are dropped in this calculation as benefits are paid to the next lower dollar). Reference Reports lists will be sent to each CSAO/WSO reflecting the action taken in each case.

The Reference Report list contains certain codes and information which indicate action is necessary by the CSAO/WSO. The location of the codes is described in the sample report in exhibit 2.

1. "Review" - Case should be reviewed since the grant has been reduced to zero. If the recipient did not appeal the original notice the worker must submit a TD closing the AFDC case. If the case is receiving Food Stamps, the benefit must be recalculated and established as an NPA case if still eligible.

2. "Rev OT" - This abbreviation for "Review - Other Type" indicates that there is a combination of Social Security and Railroad Retirement benefits. These cases must be adjusted manually since the computer cannot perform the update. The recipient must be contacted to determine the new Social Security amount.

3. Asterisk (*) - In these cases the State record shows a greater Social Security amount than the Bendex record. The adjustment is based upon the State amount. A manual review is suggested to verify the correct amount.

4. "O" - In these cases a Bendex Social Security amount was shown but the Recipient Master File showed no Social Security amount. The calculation of the grant is based upon the Bendex amount. These cases require review to determine if a referral to the Bureau of Special Investigations should be done.

5. "B" - No action necessary if this code is displayed.

6. If the amount shown "FS Unearned Income" column is less than the amount shown in the "New Grant" column the case should be reviewed to determine whether this is accurate since it is inconsistent.

7. If the "New Grant" amount is less than $10 treat the case as a "Review" case in "1" above since the case will be treated as a zero grant. Cases determined to be eligible for a payment of less than $10 are to be maintained as an active case, but at zero grant.

If recipients question the calculations of their grants:

1. verify the July 1982, Social Security check amount;

2. verify the new grant amount from the Reference Report Listing;

3. determine if the recipient received the correct AFDC grant based on the new Social Security benefit. (See CAG 4400: Calculating the Grant Amount);

4. if the grant is incorrect, notify the recipient and complete a correct T.D. (See CAG 4720: Notification Requirements).

5. if the grant is correct, explain that to the recipients; and

6. if a recipient in any way indicates (s)he would like a hearing, prepare an appeal form.

Give the form to the recipient and say that it must be filed within 30 days of the date of the notice. If the hearing is filed during the ten day advance notice period see Program Bulletin 82-11 for special handling instructions.

Monthly Income Reporting Cases

Cases subject to Monthly Income Reporting (MIRS, code 1) will not be adjusted by the computer. The Adjustment will be accomplished through the normal operation of the Monthly Reporting System.

T-4132: EFFECT OF JULY, 1982, SOCIAL SECURITY INCREASE

EXHIBIT 1

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE
NOTICE TO RECIPIENTS OF PUBLIC ASSISTANCE WHO ALSO RECEIVE SOCIAL SECURITY BENEFITS

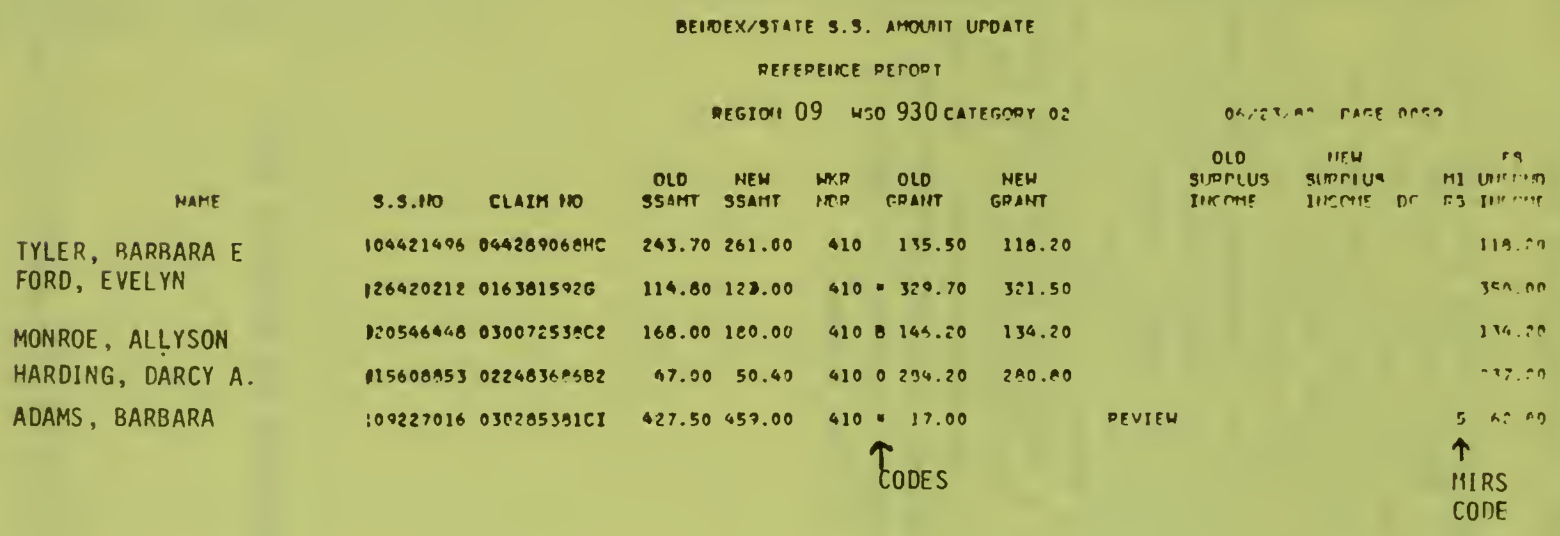
Your Social Security (green check) for July, 1982, will show an increase of 7.4%. By law, whenever your Social Security income goes up, your Public Assistance income must go down by the same amount. EXAMPLE: If your monthly Social Security goes up $10, each of your semi-monthly welfare checks must go down $5. Minor differences of about a dollar may occur and will be disregarded. Massachusetts Public Assistance Policy Manual Citation: 106 CMR 304.220 (B) (5), 304.500; (6 CHSR III) Section 313.410. You have the right to request a fair hearing if you disagree with this action. Because the reduction in assistance is required by law, however, the Department will only grant a hearing if you are appealing the correctness of the Department's computation of your grant. If you have a question concerning the correctness of the grant computation, contact your local welfare office immediately and bring all these cards with you. You may obtain a hearing by filing an appeal within 30 days of the date shown on the enclosed address card. A form for this purpose is available at your Welfare Service Office. If you request a hearing within ten days of the date on the enclosed address card, and you are granted one, your assistance will be continued until a fair hearing decision is rendered, unless it is determined at the hearing that the sole issue is one of State or Federal law or policy. If your appeal is denied, the Department has the right to recover any additional assistance paid to you or on your behalf during the appeal process. You may represent yourself or authorize someone to represent you in the appeal.

SPANISH TRANSLATION ON REVERSE SIDE

EXHIBIT 2

Below is a sample Reference Report listing showing column headings and hypothetical case information. Note that the "O" "B" or * code directly follows the column entitled "WKR-NBR" and the "Review" code directly follows the column entitled "Net Grant". The "Rev O/T" code, when it appears, will also follow this column.

The columns for "Old Surplus Income", "New Surplus Income" and "DC" (Deduct code) can be ignored. The column "FS Unearned Income" reflects the result derived by deducting the amount of the change in the grant from the amount previously shown in TD Block 43 "Food Stamp Unearned Income."



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                                     BENDEX/STATE S.S. AMOUNT UPDATE

                                           REFERENCE REPORT

                                   REGION 09  WSO 930 CATEGORY 02              06/23/82  PAGE 0052

                                                                               OLD       NEW                  FS
                                          OLD    NEW    WKR   OLD      NEW     SURPLUS   SURPLUS        MI  UNEARNED
      NAME           S.S.NO   CLAIM NO    SSAMT  SSAMT  NBR   GRANT    GRANT   INCOME    INCOME    DC   FS  INCOME

TYLER, BARBARA E   104421496 044289068HC  243.70 261.00  410   135.50  118.20                                118.20
FORD, EVELYN       126420212 016381592G   114.80 123.00  410 * 329.70  321.50                                350.00
MONROE, ALLYSON    120546448 030072538C2  168.00 180.00  410 B 146.20  134.20                                134.20
HARDING, DARCY A.  015608853 022483686B2   47.00  50.40  410 0 294.20  280.80                                237.20
ADAMS, BARBARA     109227016 030285381CI  427.50 459.00  410 *  17.00          REVIEW                     5   62.00
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↑ CODES

↑ MIRS CODE

T-4135 WORK STUDY INCOME

Work-study income is that income received for part time employment under the College Work Study Program authorized by Title IV-C of the Federal Higher Education Act. In the Burke v. Pratt court case, the Department was ordered to disregard the work-study income of any undergraduate student in determining eligibility and calculating the grant. In addition, all grant reductions due to the receipt of work-study income by undergraduate students, taken since July 1, 1980, must be rescinded.

The following procedures apply to cases where AFDC applicants or recipients (except graduate students) have work-study income.

A. At intake, disregard the work-study income of all undergraduate students applying for AFDC.

B. At redetermination, when it becomes known to you that an undergraduate student has work-study income that is being deducted from the grant:

   1. Recalculate the grant disregarding work-study income.

   2. If the grant is to be increased, prepare a TD. The increase must be made retroactive to July 1, 1980, or to the date that work-study income was first deducted from the grant, if after July 1, 1980.

C. If a client who has work-study income requests reconsideration of his/her grant:

   1. Recalculate the grant disregarding work-study income.

   2. If the grant is to be increased, prepare a TD. The increase must be made retroactive to July 1, 1980, or to the date that work-study income was first deducted from the grant, if after July 1, 1980.

D. In all work-study cases the worker must:

   1. Verify the receipt and amount of the work-study income. Appropriate verification is the award letter from the institution making the award.

   2. Enter the notation "Burke v. Pratt" on the budget worksheet.

3. Enter the case in the "Burke v. Pratt" log. (A sample of the log is reproduced below.)

The Food Stamp Program does not provide for the disregard of work-study income. Be sure to include work-study income when determining the household's Food Stamp eligibility and benefit level.

If you discover previously unreported work-study income, no action is to be taken regarding recoupment or referral to BWA.

In no case will eligibility or an increase in grant due to the disregard of work-study income be made retroactive to prior to July 1, 1980.

See T-6203 for the effect of this order on Emergency Assistance.

"BURKE V. PRATT" LOG

Case Name and SSN	Name and SSN of Person with Work-Study Income	Date of Application, Request or Redetermination	Type of Action and Date Action Taken	Difference Between Amount of Prior Grant and New Grant or Work-Study Amount	Food Stamp Eligibility (yes or no)

INSTRUCTIONS FOR COMPLETION OF "BURKE V. PRATT" LOG

The instructions are grouped in accordance with the six columns of the log to which they apply.

1. Record the name and social security number of the grantee-relative.
2. Record the name and social security number of the person in the assistance unit who is in receipt of the work-study income.
3. For new cases record the Date of Application. For ongoing cases record the date the situation is brought to the Department's attention (Date of Request) or the Date of Redetermination when the situation was discovered. For those cases in which negative action was taken on or after 7/01/80 provide the Effective Date of the action.
4. Record the type of action, and the date the action was taken; this includes opening, reopening, closing, denying and grant increase or decrease for each case which requires action because of work-study income.
5. For ongoing AFDC cases provide the difference between the prior grant amount and the new grant amount. For new AFDC and EA cases record the monthly amount of work-study income.
6. Indicate whether food stamp eligibility was rendered by recording "yes or no".

T-4140 THE SEPTEMBER STANDARD OF ASSISTANCE

The September, 1981 Standard of Assistance is derived by adding $50 per dependent child to the August, 1981 Standard which appears below.

ASSISTANCE UNIT SIZE	AUGUST STANDARD OF ASSISTANCE	SEPTEMBER STANDARD = AUGUST STANDARD
1	$247.50	PLUS $50 per dependent child
2	$314.20	
3	$379.20	
4	$444.50	
5	$509.70	
6	$575.10	
7	$640.20	
8	$705.50	
9	$770.90	
10	$836.00	
Incremental	$ 65.50	

4140 ELIGIBILITY STANDARD, NEED STANDARD AND PAYMENT STANDARD

The Eligibility Standard and the Need Standard are used in the tests of financial eligibility (CAG's: 4301: The Income Tests of Financial Eligibility; 4302: The Income Eligibility Test for Remarried Parents and Determination of Attributable Income from a Stepparent; and 4303: The Income Eligibility Test for an Unmarried Pregnant Woman or Parent Under 18. The Eligibility Standard is always equal to 150% of the Need Standard for units with the same number of members.

The Need Standard and the Payment Standard are used in calculating the grant amount (See CAG: 4400), after determining that the assistance unit is financially eligible.

ASSISTANCE UNIT SIZE	ELIGIBILITY STANDARD (150% OF NEED STANDARD)	NEED STANDARD	PAYMENT STANDARD
1	$389.90	$259.90	$247.50
2	$494.90	$329.90	$314.20
3	$597.30	$398.20	$379.20
4	$700.10	$466.70	$444.50
5	$802.80	$535.20	$509.70
6	$905.90	$603.90	$575.10
7	$1008.30	$672.20	$640.20
8	$1111.20	$740.80	$705.50
9	$1214.10	$809.40	$770.90
10	$1316.70	$877.80	$836.00
INCREMENTAL	$103.20	$ 68.80	$ 65.50

The Incremental Eligibility Standard is used in determining the Eligibility Standard for assistance units larger than 10. For example, for an assistance unit with seventeen people, you would determine the Eligibility Standard this way:

Standard for 10 + ((17-10) x Incremental Standard) =

$1316.70 + (7 x 103.20) =

$1316.70 + 722.40 =

$2039.10 (eligibility standard for 17)

The Incremental Need Standard is used in determining the Need Standard for assistance units larger than 10. For example, for an assistance unit with seventeen people, you would determine the Need Standard this way:

Standard for 10 + ((17-10) x Incremental Standard)

877.80 + (7 x 68.80)

877.80 + 481.60

1359.40 (Need Standard for 17)

The Incremental Need Standard is also used in determining the eligibility of a remarried parent or an unmarried pregnant woman or parent under 18 living with his or her parent(s). See CAG's 4302 and 4303.

The Incremental Payment Standard is used in determining the maximum amount of assistance for assistance units larger than 10. For example, for an assistance unit with seventeen people, you would determine the Payment Standard this way:

Standard for 10 + ((17-10) X Incremental Standard) =

836.00 + (7 X 65.50)

836.00 + 458.50

1294.50 (Payment Standard for 17)

T-4141 PROCESSING APPLICATIONS FOR AFDC AND REFUGEE ASSISTANCE USING THE SEPTEMBER, 1981 STANDARD OF ASSISTANCE

A non-recurring clothing allowance of up to $50 per dependent child will be paid to each assistance unit which was eligible for the AFDC or Refugee Programs at any time during the month of September, 1981. The amount to be paid per dependent child will depend upon the income of the assistance unit and the number of days in September during which it was eligible for assistance. Massachusetts Public Assistance Policy Manual Citation: 106 CMR 304.400. The clothing allowance will not be counted as income in the Food Stamp Program.

In order to pay the clothing allowance, the Standard of Assistance for the month of September, 1981 has been increased by $50 per dependent child. This increase will be for the month of September, 1981 only. On October 1, it reverts to its prior (August, 1981) level. The increased Standard of Assistance must be applied to all AFDC and Refugee cases which apply for aid or are processed during September.

CAG T-4141 concerns the processing of September applications for AFDC and refugee assistance. The clothing allowance payment mechanism is being developed. When it is, you will receive further communications.

Processing September Applications

All applications for AFDC or Refugee assistance which are filed or processed during the month of September, 1981 must be handled as follows.

Step 1: Determine eligibility for assistance by comparing income (per instructions in CAG 4301: The Income Test of Financial Eligibility at Application and CAG 4310: Retesting Income Eligibility with the September Standard of Assistance, which will be the August Standard plus $50 per dependent child. If the case is ineligible, go to Step 2. If it is eligible, go to Step 3.

Examples:

1) A family consisting of one adult and two children with $510 in Social Security income applies in September, 1981. The September standard is computed by adding $100 ($50 for each child) to the August standard of $379. The September standard will be $479. Since $510 is more than $479 the family is ineligible. See Step 2.

2) Another family of the same size: the applicant has net wages of $400. The September standard of $479 exceeds this and the family is eligible. Go to Step 3.

Step 2: Deny case, and notify client per instructions in CAG 4720: Notification Requirement.

Step 3: Since the case was found to be eligible for assistance using the September standard we must now calculate whether it will continue to be eligible in October, when we revert to the standard in effect in August, 1981. Complete a second budget worksheet using the August standard. Keep in mind also that if a case is found to be eligible for assistance using the September standard it is entitled to the 30 and 1/3 earned income disregard.

Applying the August standard and in cases involving earned income the 30 and 1/3 disregard will result in two possible situations: a) those whose income entitles them to up to $50 per child for September, depending upon the start date of the grant, and who will continue to receive assistance in October; and, b) those whose income entitles them to up to $50 per child for September but will become ineligible on October 1st.

If the case is eligible in October, go to Step 4. If it is ineligible in October go to Step 5.

Examples:

1) A family of one adult and two children with a net income of $450 per month, all of which is earned income, applies for AFDC in September. Their September standard is $379 plus $50 per dependent child, or $479. Therefore they are eligible under the September standard and are entitled to the 30 and 1/3 earned income disregard. Applying the 30 and 1/3 disregard, the workers finds that their net countable income is $280. Since this is less than the August standard of $379, the worker goes to Step 4 for further instructions.

2) A family of one adult and two children applies for AFDC in September. They have no income. Since they are eligible using the August standard as well as the September standard go to Step 4.

3) A family of one adult and two children has unearned income of $400. Since they are eligible using the September standard but ineligible using the August standard, go to Step 5.

Step 4: Complete a T.D. using the August standard in calculating the grant. Attach the Notice of Clothing Allowance (NCA-2), shown in Exhibit 1, to the NFL-4 and mail it to the recipient. In addition note on the Intake Log the name, case number and start date of the grant. This is to serve as a back up in case the computer cannot calculate partial clothing allowances for those cases on assistance during only part of September. The clothing allowance will be paid separately from the ongoing grant amount.

Step 5: Due to net income, the case is entitled to only a portion of the $50 per child, regardless of the start date, and it will become ineligible on October 1st. Grant calculations and payment procedures for these cases are being developed. Therefore, hold the case until you receive further instructions.

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE

NOTICE TO RECIPIENTS OF AFDC AND REFUGEE ASSISTANCE CONCERNING DEPENDENT CHILD CLOTHING ALLOWANCE

A clothing allowance of up to $50 per dependent child will be paid to each assistance unit which was eligible for the AFDC or Refugee programs at any time during the month of September 1981. The amount to be paid per dependent child will depend upon the income of the assistance unit and the number of days in September during which it was eligible for assistance. Massachusetts Public Assistance Policy Manual Citation: 106 CMR 304.400.

Your unit has been granted up to $50 per dependent child. It will be paid to you in October as a separate check, which will be inaddition to your two regular October assistance checks. You may request a hearing concerning this action by filing an appeal (on a form available at your local welfare office) within 30 days of the mailing date of this notice. A hearing will be granted only if you are questioning the computation of the clothing allowance you receive. If you question its accuracy, contact your local welfare office.

In order to pay the clothing allowance, the standard of assistance for the month of September 1981 has been increased. This increase will be for the month of September 1981 only. On October 1, it reverts to its prior (August 1981) level.

NCA-2

T-4142 FINAL INSTRUCTIONS FOR PROCESSING APPLICATIONS FOR AFDC AND REFUGEE ASSISTANCE USING THE SEPTEMBER 1981 STANDARD OF ASSISTANCE

CAG T-4142 provides final instructions for processing applications for AFDC and Refugee Assistance using the September, 1981 Standard of Assistance. See T-4141 for background information.

To complete the processing of applications begun under the instructions in T-4141, refer to the section (below) entitled Completing the Processing of T-4141 Applications. To process applications not begun under T-4141, refer to the section entitled Processing Post T-4141 Applications.

Completing the Processing of T-4141 Applications

A. Cases Eligible for Continuing Assistance in October

Step 1: Identify from the Intake Log the name, case number, and start date of the cases which were determined to be eligible for continuing assistance in October.

Step 2: Note the grant start date and number of dependent children from the case record.

Step 3: Refer to the appropriate clothing allowance in T-4143: Clothing Allowance by Number of Children and Grant Start Date.

Step 4: Complete appropriate section of T.D. as in any other additional payment. Enter a "P" in block 71,78 or 81 and enter the amount of the clothing allowance from Step 4 in block 72,79 or 82.

B. Cases Which Will Become Ineligible for Assistance on October 1

Step 1: Pull the October 1 ineligible cases you were instructed to hold in the T-4141.

Step 2: Note the September Standard of Assistance for the case, its net income, and its start date.

Step 3: Calculate the clothing allowance by applying the formula:

$$\text{Clothing Allowance} = \left(\text{September Standard} \text{ minus } \text{Net Income}\right) \times \left(\frac{\text{31 minus start date}}{30}\right)$$

Note: T-4143: Clothing Allowance by Number of Children and Grant Start Date cannot be used in these cases.

Examples:

1) A family of one adult and two children has unearned income of \$400. Their start date is September 1st. The September Standard of Assistance for a family of this composition is \$479. Applying the formula, the clothing allowance is:

$$(\$479-\$400 \times \left(\frac{31-1}{30}\right), \text{ which is } \$79 \times \frac{30}{30} \text{ or } \$79.$$

2) A family of one adult and two children has unearned income of $400. Their start date is September 20th. The September Standard of Assistance for a family of this composition is $479. Applying the formula, the clothing allowance is:

$$(\$479-\$400) \times \frac{(31-20)}{(30)}, \text{ which is } \$79 \times \frac{11}{30} \text{ or } \$28.97.$$

Step 4: Complete TD as a zero payment case. Enter code "03" in block 19 in order to suppress issuance of a MA-ID card. Enter a "P" in block 71, 78, or 81 and the amount of the clothing allowance in block 72, 79 or 82. Complete a separate TD to close the case using closing reason code 70 in block 19 and send both TD's together to the RDCU.

Step 5: Complete the NFL-Sept. '81 (Exhibit 1)

Step 6: Complete a Temporary Medicaid Eligibility Card (ID-2) with eligibility period from the grant start date through September 1981.

Step 7: Attach the Temporary Medicaid Eligibility Card to the NFL-Sept. '81 and send to client.

Processing Post T-4141 Applications

Step 1: Determine eligibility for assistance by comparing income (per instructions in CAG 4301: The Income Test of Financial Eligibility at Application and CAG 4310: Retesting Income Eligibility) with the September Standard of Assistance, which will be the August Standard plus $50 per dependent child (see T-4140). If the case is ineligible, go to Step 2. If it is eligible, go to Step 3.

Examples:

1) A family consisting of one adult and two children with $510 in Social Security income applies in September, 1981. The September standard is computed by adding $100 ($50 for each child) to the August standard of $379. The September standard will be $479. Since $510 is more than $479, the family is ineligible and the worker goes to Step 2.

2) In another family of the same composition the applicant has net wages of $400. The September standard of $479 exceeds this; therefore the family is eligible, and the worker goes to Step 3.

Step 2: Deny case, and notify client per instructions in CAG 4720: Notification Requirement. Stop.

Step 3: Since the case was found to be eligible for assistance using the September standard, you must now calculate whether it will continue to be eligible in October, when we revert to the standard in effect in August, 1981. Complete a second budget worksheet using the August standard. Keep in mind also that if a case is found to be eligible for assistance using the September standard, it is entitled to the 30 and 1/3 earned income disregard.

Applying the August standard and in cases involving earned income the 30 and 1/3 disregard will result in two possible situations:

a) those whose income entitles them to up to $50 per child for September, depending upon the start date of the grant, and who will continue to receive assistance in October; and, b) those whose income entitles them to up to $50 per child for September but who will become ineligible on October 1st. If the case is eligible in October, go to Step 4. If it is ineligible in October, go to Step 5.

Examples:

1) A family of one adult and two children with a net income of $450 per month, all of which is earned income, applies for AFDC in September. Their September standard is $379 plus $50 per dependent child, or $479. Therefore they are eligible under the September standard and are entitled to the 30 and 1/3 earned income disregard. Applying the 30 and 1/3 disregard, the worker finds that their net countable income is $280. Since this is less than the August standard of $379, the worker goes to Step 4 for further instructions.

2) A family of one adult and two children applies for AFDC in September. They have no income. Since they are eligible using the August standard as well as the September standard, the worker goes to Step 4.

3) A family of one adult and two children has unearned income of $400. Since they are eligible using the September standard but ineligible using the August standard, the worker goes to Step 5.

Step 4: The net income of the family entitles it to up to $50 per dependent child, depending upon the grant start date, and it will continue to be eligible for assistance in October. Therefore:

. calculate the grant using the August standard;

. look up the clothing allowance in T-4143: Clothing Allowance by Number of Children and Grant Start Date;

. complete TD in the usual manner entering the grant amount (August standard) as usual. Enter a "P" in block 78 or 81 and enter the clothing allowance amount in block 79 or 82.

. attach the Notice of Clothing Allowance (NCA-2, shown in Exhibit 2), to the NFL-4 and mail it to the recipient. Stop.

Step 5: Due to net income, the case is entitled to only a portion of the $50 per child, regardless of the start date, and it will become ineligible on October 1st. Therefore:

- calculate the clothing allowance by applying the formula:

$$\text{Clothing Allowance} = \left(\text{September Standard} \text{ minus } \text{Net Income}\right) \times \left(\frac{\text{31 minus start date}}{30}\right)$$

Note: T-4143: Clothing Allowance by Number of Children and Grant Date cannot be used in these cases.

Examples:

1) A family of one adult and two children has unearned income of \$400. Their start date is September 1st. The September standard of assistance for a family of this composition is \$479. Applying the formula, the clothing allowance is: $(\$479-\$400) \times \frac{(31-1)}{30}$, which is $\$79 \times \frac{30}{30}$ or \$79

2) A family of one adult and two children has unearned income of \$400. Their start date is September 20th. The September Standard of Assistance for a family of this composition is \$479. Applying the formula, the clothing allowance is: $(\$479-\$400 \times \left(\frac{31-20}{30}\right)$, which is $\$79 \times \frac{11}{30}$ or \$28.97.

- Complete TD as a zero payment case. Enter code "03" in block 19 in order to suppress issuance of a MA-ID card. Enter a "P" in block 71, 78 or 81 and the amount of the clothing allowance in block 72, 79 or 82. Complete a separate TD to close the case using closing reason code 70 in block 19 and send both TD's together to the RDCU.

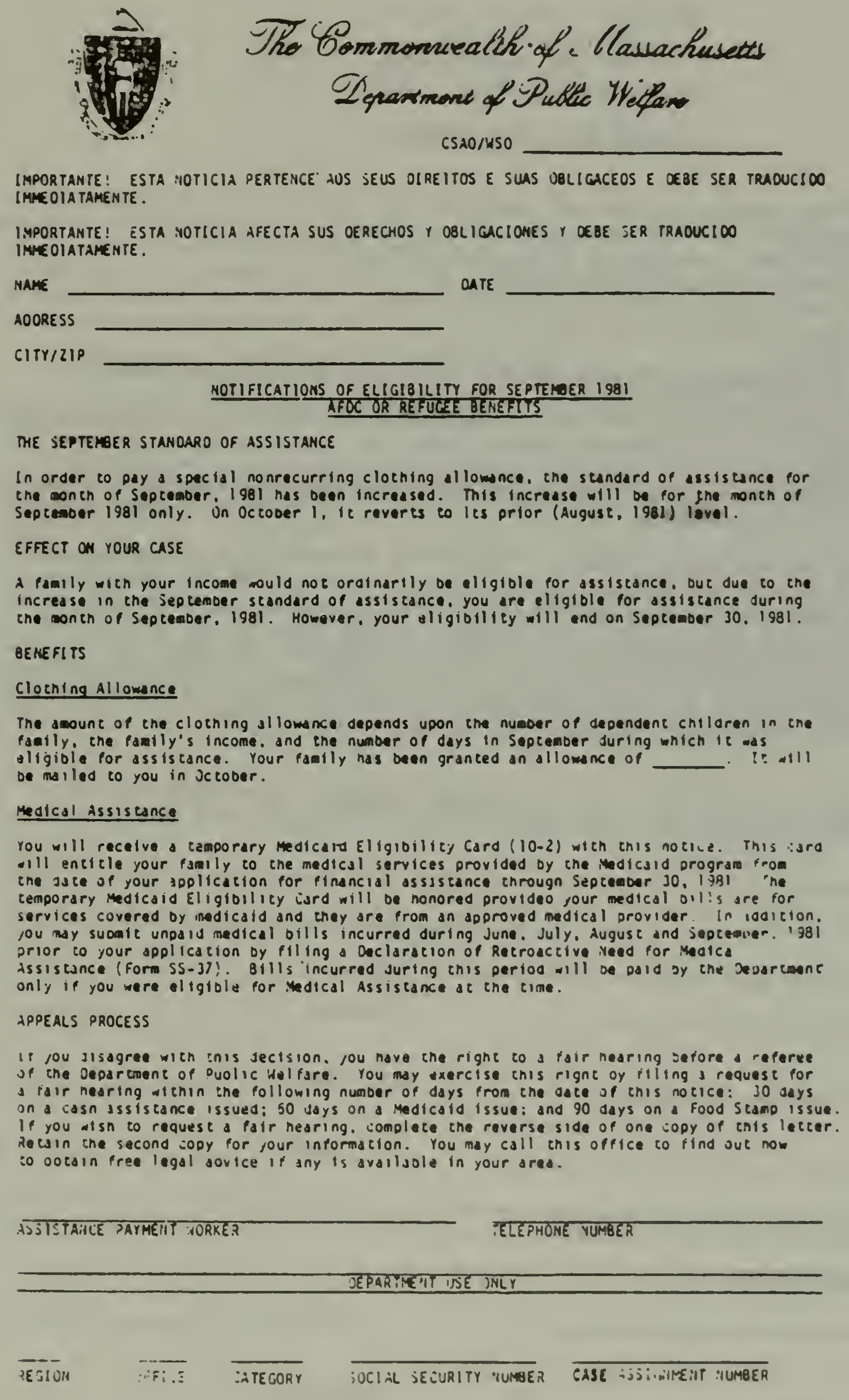
- Complete the NFL-Sept. 81) (see Exhibit 1).

- Complete a Temporary Medicaid Eligibility Card (ID-2) with eligibility period from the grant start date through September 1981.

- Attach the Temporary Medicaid Eligibility Card to the NFL-Sept. '81 and send to client.

T-4142, EXHIBIT 1

Exhibit 1



The Commonwealth of Massachusetts
Department of Public Welfare

CSAO/WSO ______________________

IMPORTANTE! ESTA NOTICIA PERTENCE AOS SEUS DIREITOS E SUAS OBLIGACEOS E DEBE SER TRADUCIDO IMMEDIATAMENTE.

IMPORTANTE! ESTA NOTICIA AFECTA SUS DERECHOS Y OBLIGACIONES Y DEBE SER TRADUCIDO IMMEDIATAMENTE.

NAME ______________________ DATE ______________________

ADDRESS ______________________

CITY/ZIP ______________________

NOTIFICATIONS OF ELIGIBILITY FOR SEPTEMBER 1981
AFDC OR REFUGEE BENEFITS

THE SEPTEMBER STANDARD OF ASSISTANCE

In order to pay a special nonrecurring clothing allowance, the standard of assistance for the month of September, 1981 has been increased. This increase will be for the month of September 1981 only. On October 1, it reverts to its prior (August, 1981) level.

EFFECT ON YOUR CASE

A family with your income would not ordinarily be eligible for assistance, but due to the increase in the September standard of assistance, you are eligible for assistance during the month of September, 1981. However, your eligibility will end on September 30, 1981.

BENEFITS

Clothing Allowance

The amount of the clothing allowance depends upon the number of dependent children in the family, the family's income, and the number of days in September during which it was eligible for assistance. Your family has been granted an allowance of ________. It will be mailed to you in October.

Medical Assistance

You will receive a temporary Medicaid Eligibility Card (10-2) with this notice. This card will entitle your family to the medical services provided by the Medicaid program from the date of your application for financial assistance through September 30, 1981. The temporary Medicaid Eligibility Card will be honored provided your medical bills are for services covered by medicaid and they are from an approved medical provider. In addition, you may submit unpaid medical bills incurred during June, July, August and September, 1981 prior to your application by filing a Declaration of Retroactive Need for Medical Assistance (Form SS-37). Bills incurred during this period will be paid by the Department only if you were eligible for Medical Assistance at the time.

APPEALS PROCESS

If you disagree with this decision, you have the right to a fair hearing before a referee of the Department of Public Welfare. You may exercise this right by filing a request for a fair hearing within the following number of days from the date of this notice: 30 days on a cash assistance issued; 60 days on a Medicaid issue; and 90 days on a Food Stamp issue. If you wish to request a fair hearing, complete the reverse side of one copy of this letter. Retain the second copy for your information. You may call this office to find out how to obtain free legal advice if any is available in your area.

ASSISTANCE PAYMENT WORKER ______________________ TELEPHONE NUMBER ______________________

DEPARTMENT USE ONLY

REGION ____ OFFICE ____ CATEGORY ____ SOCIAL SECURITY NUMBER ____ CASE ASSIGNMENT NUMBER ____

Exhibit 1
(reverse side)

THE COMMONWEALTH OF MASSACHUSETTS

Department of Public Welfare
Division of Hearings
P. O. Box 167, Essex Station
Boston, Massachusetts 02112

REQUEST FOR A FAIR HEARING

The General Laws provide that if you are not satisfied with any action by the Department of Public Welfare, you have the right to appeal and receive a fair hearing before a referee of the Division of Hearings. The request for a fair hearing must be received by the Department within 30 days of the official statement on the right to appeal and time limit for appealing. You have 60 days to appeal a Medicaid Issue. You have 90 days to appeal a food stamp issue. You may appeal at any time if you think you are not receiving the correct amount of stamps.

TO REQUEST A FAIR HEARING COMPLETE AND SEND THIS FORM TO THE ABOVE ADDRESS

The Division of Hearings will notify you of the time, date and place of your hearing. If you are unable to attend the fair hearing, please contact the Division of Hearings at 727-6050 or 1-800:882-2017 as soon as possible so that your fair hearing can be rescheduled. Failure to appear at the fair hearing without good cause may result in dismissal of the appeal.

At the fair hearing, you may appear personally and may be accompanied by an attorney or other representative at your own expense. You may wish to contact a local legal service office or community agency which will provide advice or fair hearing representation at no charge. Information about this service, if available in your area, can be obtained by contacting the Welfare Service Office. You or your representative will have the opportunity to present evidence and to produce and cross examine witnesses. The referee must make a decision based solely on the evidence presented at the hearing. You or your representative will be permitted to see your written record prior to the hearing if you so desire.

I ________________________ hereby request a fair hearing before a referee of the Division of Hearings. The reason I wish to request a fair hearing is:

____

____

____

NAME: ____________________ TELEPHONE ____________________

ADDRESS: ____________________ CITY/TOWN ____________________

SIGNATURE: ____________________ DATE ____________________

____

____

My authorized representative is:

NAME ____________________ TITLE ____________________

ADDRESS ____________________ TELEPHONE ____________________

T-4142, EXHIBIT 2

EXHIBIT 2

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE

NOTICE TO RECIPIENTS OF AFDC AND REFUGEE ASSISTANCE CONCERNING DEPENDENT CHILD CLOTHING ALLOWANCE

A clothing allowance of up to $50 per dependent child will be paid to each assistance unit which was eligible for the AFDC or Refugee programs at any time during the month of September 1981. The amount to be paid per dependent child will depend upon the income of the assistance unit and the number of days in September during which it was eligible for assistance. Massachusetts Public Assistance Policy Manual Citation: 106 CMR 304.400.

Your unit has been granted up to $50 per dependent child. It will be paid to you in October as a separate check, which will be inaddition to your two regular October assistance checks. You may request a hearing concerning this action by filing an appeal (on a form available at your local welfare office) within 30 days of the mailing date of this notice. A hearing will be granted only if you are questioning the computation of the clothing allowance you receive. If you question its accuracy, contact your local welfare office.

In order to pay the clothing allowance, the standard of assistance for the month of September 1981 has been increased. This increase will be for the month of September 1981 only. On October 1, it reverts to its prior (August 1981) level.

NCA-2

T-4143 Clothing Allowance by Number of Children and Grant Start Date

Grant Start Date	Number of Dependent Children								
	1	2	3	4	5	6	7	8	9
9/1*	50.00	100.00	150.00	200.00	250.00	300.00	350.00	400.00	450.00
9/2	48.33	96.67	145.00	193.33	241.67	290.00	338.33	386.67	435.00
9/3	46.67	93.33	140.00	186.67	233.33	280.00	326.67	373.33	420.00
9/4	45.00	90.00	135.00	180.00	225.00	270.00	315.00	360.00	405.00
9/5	SATURDAY								
9/6	SUNDAY								
9/7	LABOR DAY								
9/8	38.33	76.67	115.00	153.33	191.67	230.00	268.33	306.67	345.00
9/9	36.67	73.33	110.00	146.67	183.33	220.00	256.67	293.33	330.00
9/10	35.00	70.00	105.00	140.00	175.00	210.00	245.00	280.00	315.00
9/11	33.33	66.67	100.00	133.33	166.67	200.00	233.33	266.67	300.00
9/12	SATURDAY								
9/13	SUNDAY								
9/14	28.33	56.67	85.00	113.33	141.67	170.00	198.33	226.67	255.00
9/15	26.67	53.33	80.00	106.67	133.33	160.00	186.67	213.33	240.00
9/16	25.00	50.00	75.00	100.00	125.00	150.00	175.00	200.00	225.00
9/17	23.33	46.67	70.00	93.33	116.67	140.00	163.33	186.67	210.00
9/18	21.67	43.33	65.00	86.67	108.33	130.00	151.67	173.33	195.00
9/19	SATURDAY								
9/20	SUNDAY								
9/21	16.67	33.33	50.00	66.67	83.33	100.00	116.67	133.33	150.00
9/22	15.00	30.00	45.00	60.00	75.00	90.00	105.00	120.00	135.00
9/23	13.33	26.67	40.00	53.33	66.67	80.00	93.33	106.67	120.00
9/24	11.67	23.33	35.00	46.67	58.33	70.00	81.67	93.33	105.00
9/25	10.00	20.00	30.00	40.00	50.00	60.00	70.00	80.00	90.00
9/26	SATURDAY								
9/27	SUNDAY								
9/28	5.00	10.00	15.00	20.00	25.00	30.00	35.00	40.00	45.00
9/29	3.33	6.67	10.00	13.33	16.67	20.00	23.33	26.67	30.00
9/30	2.00	3.33	5.00	6.67	8.33	10.00	11.67	13.33	15.00

To calculate the clothing allowance of a family with more than 9 children, find the appropriate grant start date row and multiply the corresponding clothing allowance for one child times the number of dependent children.

*Also use the 9/1 start date row for cases with a pre 9/1 start date which are being processed in September.

The clothing allowance chart is to be used only in cases which will be eligible for assistance in October.

4200: THE ASSET TEST OF FINANCIAL ELIGIBILITY

In order to be eligible for AFDC, the total value of an assistance unit's countable assets may not exceed $1,000. Certain assets, such as real estate used as the home, and the equity value of one automobile, up to $1,500.00 are not considered in determining whether a unit meets this test; such assets are called non-countable assets. The types of countable and non-countable assets you are most likely to encounter are listed in CAG 4210. If you encounter a type of asset not described there, or if you have any doubts about whether an asset is countable, check sections 304.120 and 304.140 of the Policy Manual, which give a complete description of all non-countable assets.

An assistance unit's assets include a share of any asset that is jointly owned by a member of the unit and any other person(s). For example, if a parent has a joint account with a grandparent who is not included in the assistance unit, the parent's share of that account must be counted toward the asset limitation of the assistance unit.

Any asset jointly owned by two or more persons is considered to be owned in equal shares unless a different distribution of ownership is verified. Verification of other than equal ownership can consist of titles or other certificates of ownership to the property showing other than equal payments for an asset.

All assets are counted on the basis of the equity value - the Fair Market dollar value of the asset less the dollar value of all legal encumbrances or obligations.

Manual Reference: 304.110, 304.120, and 304.130

4210: COUNTABLE AND NON-COUNTABLE ASSETS

A. Countable Assets

- Cash (see CAG 4211);
- Bank deposits (see CAG 4212);
- Windfall payments (see CAG 4213);
- Securities (see CAG 4214);
- Automobiles (see CAG 4215);
- Recreational vehicles (see CAG 4216);
- Real estate other than the home and burial plots (see CAG 4217);
- Cash surrender value of life insurance policies and burial insurance (see CAG 4218); and,
- Joint ownership of assets (see CAG 4219).

B. Non-Countable Assets

- The home used by the assistance unit and the land it rests on;
- Household belongings, such as furniture, appliances, household decorations, linens, and cookware;
- Personal belongings such as jewelry, books, toys, and clothing;
- Home produce used for consumption by the assistance unit;
- Food Stamps;
- The conserved income of the mother of dependent child when such is for the higher education of the child and only if such income was conserved prior to 3/1/81 (see CAG 4840: Conservation of Earned Income;
- Loans or grants to undergraduate student issued or insured under a program administered by the U.S. Commissioner of Education; and,
- The assets of any member of the household who is an SSI recipient.

4211: COUNTABLE ASSETS: CASH

Cash is currency or negotiable instruments (check, draft, certificate of deposit, or note) held by an applicant or recipient, or held by another for the applicant or recipient.

Generally, cash is considered income in the month in which it is received, and does not count as an asset unless it is retained. For example, an assistance unit with $900 in the bank does not become ineligible when it receives its semimonthly AFDC check of $150. If the money remains unspent the following month, however, it is counted as an asset.

Verification of the amount of cash held as an asset is mandatory and shall be either by a signed, dated statement from the applicant or recipient or the physical display and count of the cash. Signature by the recipient on the AP-1 or AP-2 will constitute a signed statement if the appropriate sections of these documents are properly completed. If verification is by display and count, the worker will record the date, the amount counted and sign the statement.

4212 COUNTABLE ASSETS: BANK DEPOSITS

Bank deposits are deposits of any sort in a bank, savings and loan association or credit union. Bank deposits may be in the form of savings accounts, checking accounts, or term certificates. All bank accounts in the name of the applicant or recipient are countable. The fact that the applicant or recipient may have to pay a penalty to reach the deposit is irrelevant.

If a bank account is a joint account, only that share which belongs to the member(s) of the assistance unit is countable (see CAG 4200: The Asset Test of Financial Eligibility). If the account is a savings account trust, it will read "John Doe, in trust for Mary Smith"; John Doe is the trustee and the account is a countable asset for John Doe. If an account reads "John Doe, as custodian for Mary Smith, a minor, under the Uniform Gifts to Minors Act" the account is a countable asset for Mary Smith.

The amount of a bank deposit must be verified. Usually, a current statement from the bank or institution will suffice. If the applicant or recipient claims that the balance is lower than shown on the most recent statement because of outstanding checks, (s)he must verify this claim by showing you the check register. If additional verification is necessary, you can verify bank deposits by contacting the bank with the permission of the applicant or recipient. Use the Collateral Contact Consent Form (see CAG 5310).

Trusts

Money or other assets (such as securities) in a trust are countable if the terms of the trust make the principal reachable by the applicant or recipient. In order to determine whether the principal is reachable, you must examine the trust instrument (the document which created the trust).

One factor which is important in determining whether the trust assets are reachable is whether the applicant or recipient is the settlor (the person who created the trust), the beneficiary (the person on whose behalf the trust was created) or the trustee (the person who is responsible for the handling of the trust).

If the applicant or recipient is the settlor, you must determine whether the trust is revocable or irrevocable. If the trust is revocable , the money is countable to the settlor. If the trust is irrevocable, the money is not countable to the settlor.

The general rule regarding revocability and irrevocability is that a trust is irrevocable unless the trust instrument specifically states that it is revocable. (For savings account trusts, see above.)

If the applicant or recipient is the trustee or beneficiary, the trust assets may be either countable or non-countable, depending on the terms of the trust.

If you have a question as to how the assets of a trust should be treated, direct your question to the director of your CSAO/WSO (or his or her designee) to obtain an answer from an attorney through the Assistance Payments hotline.

Note: If the applicant or recipient is the beneficiary of a trust, (s)he may receive payments from time to time under the terms of the trust. Such payments are counted as income in the month received rather than as an asset.

Part IV

CASE ACTION GUIDES

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4213: COUNTABLE ASSETS - WINDFALL PAYMENTS

A. Definition of Windfall Payments

Windfall payments are one-time, lump-sum payments which are not taxable as income. The only such payments the worker is likely to encounter that are not taxable as income are inheritances, legacies and proceeds from the sale of real estate.

Lump-sum payments that represent accumulated recurring income - for example, a retroactive Social Security check - are considered to be current income, not an asset. See CAG 4420: Treatment of Retroactive Lump-Sum Payments.

Other types of lump-sum payments that are likely to be encountered - such as prizes or lottery winnings - are taxable income and are therefore considered to be income, not an asset, in the month in which it is received.

B. Verification of Windfall Payments

If verification is necessary, you can verify a windfall payment by a document appropriate to the circumstances or by a statement from the bank or institution in which it was deposited. Obtain permission to contact that bank or institution using the Collateral Contact Consent Form; see CAG 5310.

4214: COUNTABLE ASSETS: SECURITIES

Securities are defined as stocks, bonds, debentures, options, futures contracts, mutual and money market fund shares, and promissory and corporate notes or other commercial paper. If the applicant or recipient cannot readily dispose of the security, because for example there is no market for it, it is not counted as an asset.

Traded securities are valued at the most recent closing bid price, and non-traded securities are valued at the purchase price. You can verify these prices by obtaining a current reading from a stockbroker, the daily paper, or the trust department of a bank. You do not need permission as long as no information identifying the applicant or recipient is released.

4215: COUNTABLE ASSETS: AUTOMOBILES

For AFDC purposes the equity value of up to $1,500.00 of one auto owned by an assistance unit is considered non-countable. The $1,500 equity limit shall be applied to the automobile with the greatest equity value. All other autos are countable assets and their total equity value must be considered against the $1,000 eligibility limit.

Vehicles are valued at owner's equity in them. Equity is equal to the current wholesale value of the vehicle, less the balance on the loan for it, if any. You can determine the current wholesale value of the vehicle by checking the National Automobile Dealer's Association (NADA) valuation book currently in use by the Department. This figure is to be used unless the applicant or recipient contests it, or the car is not listed in the NADA valuation book. (It may be too old or too new, or a foreign model imported in small numbers.) In either of these cases, have the applicant or recipient obtain estimated from three dealers of the amount they would pay the applicant or recipient for the vehicle, not the trade-in allowance. (EXAMPLE: A car dealer might pay $1000 if he were to buy the car or he would allow $1,500 as a trade in on a new car. The amount to be considered would be $1000.)

Verification of ownership of the car is mandatory and shall be by the certificate of title to the car or, if the title is held by a lender, a copy of the loan agreement. Verification of obligation or encumbrance owed on the car shall be by the payment book, bank or finance company statement, or by statement from the lender. If the lender is an individual, verification shall be by a signed statement setting forth the payment schedule and outstanding balance on the loan.

4216: COUNTABLE ASSETS: RECREATIONAL VEHICLES

Recreational vehicles include snowmobiles, boats, trailers, and other vehicles whose intended primary use is recreation and not the conduct of household or business affairs. Some vehicles, such as jeeps, light trucks, motorcycles, and vans, may be used in lieu of a car. If a recreational vehicle is used in the place of car, it is counted like an automobile with the $1,500 value of the higher value vehicle not counted and all others counted at full equity value.

Verification of the equity value and ownership of a recreational vehicle is mandatory and shall be in accordance with the requirements for automobiles.

4217: COUNTABLE ASSETS: REAL ESTATE OTHER THAN THE HOME AND BURIAL PLOTS

The value of land or buildings other than that used as a home by the assistance unit is counted towards the asset limit. No more than one home may be owned.

When its value must be counted, real estate is valued at its current market value less any obligation of the owner. If the assistance unit has real estate that is or becomes countable, have the recipient obtain assessments of the property's current market value from three licensed local real estate agents or brokers.

Verification of the fair market value and encumbrances is mandatory. Fair market value shall be the average of three (3) written appraisal by three (3) licensed local real estate agents or brokers. Encumbrances shall be verified by a current statement of outstanding obligation from the mortgagor. If the lender is an individual, the obligation shall be a verified copy of the mortgage deed or promissary note and a signed statement from the lender setting forth the payment schedule and the outstanding balance on the loan.

The equity value of a burial plot is a countable asset. Verification of the ownership and equity value is mandatory and shall be by a signed statement from the seller or a copy of the contract for sale, including the payment schedule and outstanding balance on the contract.

4218: COUNTABLE ASSETS: LIFE INSURANCE POLICIES AND BURIAL INSURANCE

Life insurance and burial insurance are considered countable assets in the amount of the cash surrender value and is countable against the AFDC assets limitation.

The cash surrender value of a life or burial insurance policy is the amount, if any, that the issuing company has agreed to pay the owner of the policy upon its cancellation. (The owner, the beneficiary, and the insured person may be different people; only the owner actually has the policy available to him or her as an asset.)

The cash surrender value of the policy is normally verified by checking the table of values in the policy, or contacting an agent of the issuing company. In cases in which the applicant or recipient has borrowed against the policy, its actual cash surrender value is less then that given in the table of values. In such cases, the applicant or recipient must verify the true cash surrender value by obtaining a statement from the insurance company. Verification of cash surrender value is mandatory and must be included in the case record.

4219: JOINT OWNERSHIP OF ASSETS

Any asset jointly owned by two (2) or more persons is considered to be owned in equal shares unless a different distribution of ownership is verified. This can be not only bank accounts, e.g., automobiles, real estate, securities. If joint ownership exists, only that portion of the equity value of the asset owned by persons included in the assistance unit is countable. If there is no market for the the asset share, it will be determined to be an unavailable asset and therefore not counted. Verification of the value of such an asset will be in accordance with the type of asset. The share(s) owned by the assistance unit member(s) will be added to other available assets in determining eligibility.

4220 REDUCTION OF CASH VALUE OF LIFE INSURANCE POLICIES

An assistance unit may adjust its life insurance policies in order to bring total countable assets under the $1000 assets limitation. There are essentially three ways of effecting such a reduction:

- Cancellation of the policy and withdrawal of the cash surrender value;
- Use of the excess cash surrender value to purchase paid up insurance; or
- A loan in an amount sufficient to reduce the cash surrender value.

You must carefully explain to the applicant or recipient that the use of the first and third options may still leave the assistance unit with too many assets to be eligible bacause any cash derived from disposal or liquidation of assets must still be considered an asset. For example, if the assistance unit has cash surrender values of life insurance policies which total $2500, the amount countable as an asset according the CAG 4218 would be $1500. This would exceed the total assets limitation of $1000 and would make the unit ineligible. If the assistance unit secured a loan from the insurance company for $1000, this would reduce the countable cash surrender value to $500. However, the unit would then have $1000 in cash which is still counted as an asset and which when totaled with the remaining countable cash surrender value of $500, would still exceed the assets limitation of $1000.

Generally, therefore, the best way to adjust the value of life insurance policies in order to be eligible for AFDC is to use the cash surrender value over $1000 to purchase paid-up insurance. If there is doubt as to the best course to follow, explain to the applicant that (s)he must reduce the cash surrender value to under $1000, and that (s)he must not receive cash for it which, in combination with all other assets, would total more than $1000. If necessary, have the applicant or recipient call his or her insurance agent for advice.

If the applicant or reicpient wishes to adjust the value of his or her life insurance policies, (s)he must surrender them to the CSAO/WSO. Upon receipt of the policies, follow the procedures below:

Step 1: Have the applicant or recipient complete the top half of Form SS-11, Life Insurance Agreement and Policy Receipt (see CAG 5430), tear this top half off and file it in the case record. Give the applicant or recipient a blank copy.

Fill in the bottom half of the SS-11, completing all entries. Line through any unused blanks. Give the bottom half of the SS-11 to the applicant or recipient. Give the policies to your supervisor.

Step 2: If the policy is from the John Hancock Life Insurance Company, use Form INS-JH (see CAG 5431). You must obtain written permission before sending this form. This is done by having the applicant or recipient sign on the "Signature of Insured or Head of Family" line.

Fill in as much information as you have. On the reverse side of the form, write "Total Cash Surrender Value of all must be adjusted to policies less than $2000 per 106 Code of Massachusetts Regulations 304.120 (E)". The company will furnish the required forms.

Step 3: If the policy is issued by either the Prudential Insurance Company of the Metropolitan Life Insurance Company, use Form INS-PM-1 (see CAG 5432). You must obtain written permission before sending this form. Use the Collateral Contact Consent form to obtain such permission (see CAG 5310).

Upon receipt of the INS-PM-1, the company will advise you of the current cash surrender value of all policies issued by it.

Step 4: If a company other than John Hancock, Prudential, or Metropolitan issued a policy, obtain permission for a collateral contact on the Collateral Contact Consent form and send a photocopy of it to the home office of the insurance company together with a note requesting (s) a statement of the cash surrender value of all policies owned by the applicant or recipient, and (2) adjustment forms.

Step 5: If the insurance company indicates that the total cash surrender value of all policies is less than $1000, take no further action. If it is over $1000, go ahead with the adjustment. If the policy must be returned to the company, return it. Note on the SS-11 when the policy was returned and sign you name and title. Give the SS-11 back to the applicant or recipient.

In the event the applicant or recipient refuses to surrender the policy and/or make the required adjustment, you must deny the application or close the case.

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4301 THE INCOME TESTS OF FINANCIAL ELIGIBILITY

These income tests are used:

- at application, reapplication and redetermination;
- when the income of a member of the assistance unit changes;
- when the number of hours worked by a member change;
- when a member's eligibility for the $30 and one-third disregard changes, and
- when a member is being added to or removed from the assistance unit.

For cases involving remarried parents or an unmarried pregnant woman or parent under 18, first refer to the special eligibility tests in CAGs 4302 and 4303 respectively.

NOTE: All income calculations in this section are based on monthly income. For the conversion of other than monthly income to monthly amounts, see CAG 4330.

Both income tests (the 150% Test of Financial Eligibility and the Second Test of Financial Eligibility) are used to determine financial eligibility with regard to income. If an assistance unit does not pass the 150% Test, it is ineligible. If an assistance unit passes the 150% Test, the Second Test must be performed. To be eligible an assistance unit must pass both tests. Only then can the grant be calculated (See CAG 4400: Calculating the Grant Amount).

I. 150% Test of Financial Eligibility (First Test)

Total all the gross countable income (see below) of all members of the assistance unit. If the total exceeds the Eligibility Standard (150% of the Need Standard); see CAG 4140: Eligibility Standard, Need Standard and Payment Standard for an assistance unit of the appropriate size, the assistance unit is not eligible. If the total is equal to or below the Eligibility Standard, go on to II The Second Test of Financial Eligibility.

Include all income not listed in CAG 4132: Non-Countable Income. Be sure to include:

- both earned and unearned income;
- the value of any in-kind income (see CAG 4360: Income-In-Kind);
- any payments received directly by any member of the assistance unit from an absent parent (see CAG 4133: Income from an Absent Parent); and

any income available to a member of the assistance unit from individuals in the home who have a legal obligation to support (see CAG 4302: The Income Eligibility Test for Remarried Parents and Determination of Attributable Income from a Stepparent CAG 4410: Effect of Stepparent's Income on Remarried Parent's Grant, and CAG 4412: Effect of Income of Ineligible Unmarried Parent Under 18 on Children's Grant).

NOTE: For a member who is self employed or who has income from roomers or boarders, the gross countable income is the income after business expenses have been subtracted (see CAG 4334: Determination and Verification of Self-Employment Income and CAG 4335: Income from Roomers and Boarders.

This test is applied to gross countable income. Do not consider work related expenses, dependent care payments, or the $30 and one-third disregard in this income test of financial eligibility.

II. The Second Test of Financial Eligibility

(A) Where No Member of the Assistance Unit Has Earned Income

Where no member of the assistance unit has earned income, the income figure to which the Second Test of Financial Eligibility is applied is the same income figure used in the 150% Test. Compare the income figure with the Need Standard (see CAG 4140: Eligibility Standard, Need Standard, and Payment Standard).

If this income figure exceeds the Need Standard for an assistance unit of the appropriate size the assistance unit does not pass the Second Test and, therefore, is ineligibile for AFDC.

If this income figure is equal to or below the Need Standard, the assistance unit is eligible and you must calculate the grant amount (see CAG 4400: Calculating the Grant Amount).

(B) When one or more members of the Assistance Unit have Earned Income

Where one or more members of the assistance unit have earned income, the income figure to which the Second Test of Financial Eligibility is applied must be arrived at by first making a separate calculation for each member with earnings of the assistance unit. Use the following steps:

Step 1: For each member with earnings determine the gross countable earned income. Include all earned income not listed in CAG 4132: Non-Countable Income. Go to Step 2.

NOTE: For a member who is self employed or who has income from roomers or boarders, the gross countable income is the income after business expenses have been subtracted (see CAG 4334: Determination and Verification of Self-Employment Income and CAG 4335: Income from Roomers and Boarders.

Step 2: For each member with earnings subtract from the result of Step 1, work related and dependent care deductions in accordance with CAG 4340: Determining Deductions for Work Related Expenses and Dependent Care. Go to Step 3.

Step 3: For each member with earnings determine whether he or she is eligible to receive the $30 and one-third disregard in accordance with CAG 4425: Eligibility for the $30 and One-Third Disregard.

If the member is not eligible for the disregard, go to Step 4.

If the member is eligible for the disregard' subtract $30 from the result of Step 2 and then subtract one-third of the remainder.

Go to Step 4.

Step 4: For each member with earnings add to the result of Step 3, his or her unearned income and any other income not listed in CAG 4132: Non-Countable Income. Be sure to include:

- all unearned income;
- the value of any in-kind income (see CAG 4360: Income In-Kind);
- any payments received by any member of the assistance unit from individuals in the home and who have a legal obligation to support (see CAG 4410: Effect of Stepparent's Income on Remarried Parent's Grant, CAG 4411: Effect of Income of Ineligible Remarried Parent on Children's Grant and CAG 4412: Effect of Income of Ineligible Unmarried Parent Under 18 on Children's Grant).

Step 5: For the assistance unit, add together the results of Step 4 for all members of the assistance unit. Compare this total to the Need Standard (see CAG 4140: Eligibility Standard, Need Standard and Payment Standard.

If the total exceeds the Need Standard for an assistance unit of the appropriate size, the assistance unit does not pass the Second Test of Financial Eligibility and, therefore, is ineligible for AFDC.

If the total is equal to or below the Need Standard , the assistance unit is eligible and you must calculate the grant amount (see CAG 4400: Calculating the Grant Amount).

4302: THE INCOME ELIGIBILITY TEST FOR REMARRIED PARENTS AND DETERMINATION OF ATTRIBUTABLE INCOME FROM A STEPPARENT

A remarried parent is the natural or adoptive parent of a dependent child who is married to someone other than the child's other natural or adoptive parent. This definition applies even if the parent has never been married before the present marriage. A stepparent is a remarried parent's spouse.

A stepparent has a legal obligation to support his/her spouse. In addition, if the stepparent has income in excess of the needs of himself/herself and his/her dependents not included in the assistance unit, this excess must be considered in determining the stepchildren's AFDC eligibility and the amount of their grant. This obligation continues for as long as the stepparent resides with his/her stepchildren even if the natural parent leaves or dies. The liability ceases upon divorce from the natural parent.

If the stepparent has no income, the remarried parent is in need and can elect to be in the assistance unit, and the following calculations are unnecessary.

> N.B. If the stepparent is in need and chooses to be in the assistance unit, the financial eligibility criteria that apply to all other members of the assistance unit will also apply to the stepparent.

The countable income of the spouse of a grantee relative is only considered when the grantee relative is legally liable for the support of the children for whom AFDC is requested.

The following calculations are necessary to determine:

- whether the remarried parent is in need; and
- the amount of income available to the assistance unit from the stepparent.

Calculation to Determine Whether Remarried Parent is in Need and Amount of Stepparent Liability if in Need and Included in the Assistance Unit

First, determine the stepparent's monthly gross countable earned and unearned income. Exclude any income listed in CAG 4132: Non-Countable Income. Subtract business expenses (See CAG 4334: Determination and Verification of Self-Employment Income) from self-employment income.

Subtract work-related expenses (See CAG 4340: Determining Deductions for Work Related Expenses and Dependent Care) from all countable earned income in the same way as for an AFDC applicant. Dependent care expenses and the $30 + 1/3" disregard are not allowable deductions.

Subtract the monthly amount of other actual payments by the stepparent for the benefit of dependents listed or who could be listed on his/her federal income tax return but living outside the home.

Subtract from the remainder the monthly amount of any child support or alimony actually paid by the stepparent in compliance with a court order or voluntary agreement.

Determine the AFDC Standard of Need (CAG 4140: Eligibility Standard, Need Standard and Payment Standard for an assistance unit equal in size to; the stepparent; plus anyone living in the household who is listed or could be listed as a dependent on the stepparent's Federal income tax return, but for whom aid is not being requested excluding the remarried parent. Subtract the amount of this standard from the sum of the stepparent's gross unearned and net earned income.

. If the remainder is equal to or less than the Incremental Need Standard, the remarried parent is in need and may be considered for inclusion in the assistance unit. See: CAG 4121: Variations in Eligibility and Grant Amount Based on Different Compositions of the Assistance Unit. If the remarried parent chooses to be included in the assistance unit, the remainder is treated as unearned income available to the assistance unit.

. If after all applicable deductions the remainder is greater than the Incremental Standard of Need, the remarried parent is not in need and the follow-calculation must be performed to determine the amount of Stepparent Liability. This calculation must also be performed if a remarried parent could be considered to be in need but chooses not to be included.

Calculation to Determine Stepparent Liability if Remarried Parent is Not in Need or chooses not to be Included in the Assistance Unit

First, determine the Stepparent's monthly gross countable earned and unearned income. Exclude any income listed in CAG 4132: Non-Countable Income. Subtract Business Expenses (see CAG 4334: Determination and Verification of Self-Employment Income) from Self-employment Income.

Subtract work-related expenses (see CAG 4340: Determining Deductions for Work Related Expenses and Dependent Care) from all countable earned income in the same way as for an AFDC applicant. Dependent care expenses and the "$30 + 1/3" disregard are not allowable deductions.

Subtract the monthly amount of other actual payments by the stepparent for the benefit of dependents listed or who could be listed on his/her Federal income tax return but living outside the home.

Subtract from the remainder the monthly amount of any child support or alimony actually paid by the stepparent in compliance with a court order or voluntary agreement.

Determine the AFDC Standard of Need (CAG 4140: Eligibility Standard, Need Standard and Payment Standard) for an assistance unit equal in size to: the stepparent; plus anyone living in the household who is listed or could be listed as a dependent on the stepparent's federal income tax return, but for whom aid is not being requested plus the remarried parent. Subtract the amount of this standard from the sum of the stepparent's gross unearned and net earned income.

Any remainder greater than zero is the amount of the stepparent liability and is treated as unearned income available to the assistance unit.

If the remarried parent is not eligible to be included or chooses not to be included in the assistance unit, (s)he is to be allowed earned income deductions in accordance with Section 4340: Determining Deductions for Work Related Expenses and Dependent Care. In this situation all of the remaining income of the remarried parent will be considered available to the assistance unit. Since the remarried parent is not a member of the assistance unit, (s)he will not be entitled to the "$30 + 1/3" disregard.

AFDC STEPPARENT SUPPLEMENT AND VERIFICATIONS

An AFDC Stepparent Information Supplement to the AP-1 or AP-2 must be completed to collect information about the dependents, expenses and income of spouses of remarried parents applying for or receiving AFDC. A supplement signed by the applicant or recipient must be completed for every case involving a remarried parent. The supplement is to be completed at the time of application and at every redetermination. The information in the supplement must be verified as follows. See 5034: AFDC Application Supplement - Stepparent Liability

The initial supply of the AFDC application supplement-stepparent liability contained a block in Section II for the social security number of the stepparent. A decision has been made not to collect this information at this time. The block is not to be completed, nor is the information to be requested.

N.B. If an earlier version of the form was used and the applicant/recipient provided the Social Security Number, it must be crossed out.

The residence of a stepparent's dependents living with the stepparent must be verified in accordance with CAG 4040: Residence.

The number of a stepparent's dependents must be verified by a copy of the stepparent's last submitted federal income tax return. If the number of dependents has changed since the last return was submitted, the stepparent must provide a signed and dated statement listing the individuals (s)he intends to claim as dependents for federal income tax purposes and containing the fact that the stepparent is providing over 50% of each claimed dependent's support. Any SSN's appearing on the form must be crossed out if requested.

N.B. The number of dependents could include the remarried parent.

Amounts contributed by the stepparent to dependents living outside the home shall be verified by cancelled checks or money orders signed by the stepparent and made payable to: The dependent(s); their natural or legal guardian; or any person who signs a statement that the check or money order was in payment for goods or services rendered to the dependent(s). Verifications must clearly show that the payments cover a current period of time at least equal to three pay periods or three consecutive child support or alimony payment periods. Alimony or child support payments must be verified by cancelled checks or CSEU records showing three consecutive current payments. A copy of a court order or voluntary agreement requiring these payments must also be submitted.

Unearned income must be verified as in CAG 4350: Verification of Unearned Income.

Earned income including number of hours is verified as in CAG 4330: Verification of Earned Income.

The information provided on the AFDC Application Supplement-Stepparent Liability is subject to the same review as that which is provided on the AP-2. If the information is illogical, contradictory, or unexplained (or which you have reason to doubt) you should question the recipient further and require additional verification of the issue in question. Failure to provide the additional information will be considered grounds for termination of assistance (see CAG 4710: Unreasonable Failure to Cooperate with Program Requirements).

FAILURE TO COOPERATE

If the grantee fails to cooperate in providing necessary information or verifications, the case is to be denied or terminated. See CAG's 2120: Verification Required for Case Record and 2121: Provision of Verification of Continuing Eligibility.

PROCESSING OF CASES WITH POTENTIAL STEPPARENT LIABILITY

Cases with Potential Stepparent Liability are to be processed through the Special Processing System. See Sections: 2410 Requirements for the Special Processing System; 2420 Table for Selection of Activity for Changes in the Special Processing System; and 2430 Completion of the Income Worksheet.

STEPPARENT LIABILITY WORKSHEET (HE-5)

See Section 5412: HE-5: Stepparent Liability Worksheet for the worksheet which is to be used whenever it is necessary to manually calculate if a remarried parent is in need and the amount of Stepparent Liability. It will be necessary to perform these manual calculations to answer questions about how these calculations were performed in either direct response to applicant/recipient concerns or in response to questions that may be raised at an appeal hearing.

4303 INCOME ELIGIBILITY TEST FOR UNMARRIED PREGNANT WOMAN OR PARENT UNDER 18

An unmarried pregnant woman or unmarried parent under 18 living with his or her parent(s) has a legal right to a portion of his or her parent(s) income. If the parent(s) are on AFDC, it is assumed that no income is available from them for the support of the unmarried pregnant woman or unmmarried parent under 18. In such cases, the unmarried pregnant woman's, or unmarried parent's AFDC eligibility is determined solely on the basis of his or her own income.

If the parent(s) are not on AFDC, however, income available to the unmarried pregnant woman or unmarried parent under 18 must be considered together with his or her own income in determining AFDC eligibility and the amount of the grant. The income available from his or her parents is determined by the following test:

Step 1: Determine the gross income of the parent(s) of the unmarried minor with whom (s)he is living, excluding all income listed in CAG 4132: Non-Countable Income.

Step 2: Determine the work-related expenses of the minor's parent(s) in the same manner as for AFDC applicants; see CAG 4340: Determining Deductions for Work Related Expenses and Dependent Care.

Step 3: Subtract the result of Step 2 from the result of Step 1.

Step 4: From the result of Step 3, deduct the applicable Monthly Net Income Exemption for the parent(s) and their dependents in the home, excluding the pregnant woman or parent under 18 and his or her dependent child. Use the table below.

Number of Persons	Exemption
1	$333
2	$425
3	$435
4	$445
5	$510
6	$576
7	$641
8	$706
9	$771
10	$836

There is a net income exemption of $66 for each additional dependent member of the family after 10.

Manual Reference: 304.350

4303 INCOME ELIGIBILITY TEST FOR UNMARRIED PREGNANT WOMAN OR PARENT UNDER 18

An unmarried pregnant woman or unmarried parent under 18 living with his or her parent(s) has a legal right to a portion of his or her parent(s) income. If the parent(s) are on AFDC, it is assumed that no income is available from them for the support of the unmarried pregnant woman or unmmarried parent under 18. In such cases, the unmarried pregnant woman's, or unmarried parent's AFDC eligibility is determined solely on the basis of his or her own income.

If the parent(s) are not on AFDC, however, income available to the unmarried pregnant woman or unmarried parent under 18 must be considered together with his or her own income in determining AFDC eligibility and the amount of the grant. The income available from his or her parents is determined by the following test:

Step 1: Determine the gross income of the parent(s) of the unmarried minor with whom (s)he is living, excluding all income listed in CAG 4132: Non-Countable Income.

Step 2: Determine the work-related expenses of the minor's parent(s) in the same manner as for AFDC applicants; see CAG 4340: Determining Deductions for Work Related Expenses and Dependent Care.

Step 3: Subtract the result of Step 2 from the result of Step 1.

Step 4: From the result of Step 3, deduct the applicable Monthly Net Income Exemption for the parent(s) and their dependents in the home, excluding the pregnant woman or parent under 18 and his or her dependent child. Use the table below.

Number of Persons	Exemption
1	$333
2	$425
3	$435
4	$445
5	$510
6	$576
7	$641
8	$706
9	$771
10	$836

There is a net income exemption of $66 for each additional dependent member of the family after 10.

Manual Reference: 304.350

Step 5: The result of Step 4 is the income available to the unmarried pregnant woman or parent under 18.

In the case of an unmarried pregnant woman under 18, if the sum of her own countable income and the income available from her parents is greater than the Incremental Need Standard (see CAG 4140: Eligibility Standard, Need Standard and Payment Standard, she is not eligible for assistance. If it is less than or equal to the Incremental Need Standard she may be considered for inclusion in the assistance unit with any children she may have. If she chooses to be included, her needs and income must be considered in the income tests of financial eligibility to determine if the assistance unit is eligible. See CAG 4121: Variations in Eligibility and Grant Amounts Based Upon Different Compositions of the Assistance Unit and CAG 4301: The Income Tests of Financial Eligibility.

In the case of an unmarried parent under 18, if the result of Step 4 is greater than the Incremental Need Standard (see CAG 4140: Eligibility Standard, Need Standard and Payment Standard, (s)he is not eligible for inclusion in the assistance unit with his or her child. If it is equal to or less than the Incremental Need Standard, (s)he may be considered for inclusion in the assistance unit with his or her child. If (s)he chooses to be included, his or her needs and income must be considered in the income tests of financial eligibility to determine if the assistance unit is eligible. See CAG 4121: Variations in Eligibility and Grant Amounts Based Upon Different Compositions of the Assistance Unit and CAG 4301: The Income Tests of Financial Eligibility.

4310 RETESTING INCOME ELIGIBILITY

This test applies when an assistance unit is on AFDC and at application when an assistance unit has received AFDC at some time in the past four calendar months. For example, this test would apply to a unit that applied on June 15 if it received an AFDC check at any time in either February, March, April or May.

If some but not all members of the assistance unit are currently receiving AFDC or received AFDC in the past four months, the income test is that given in CAG 4311.

NOTE: All income calculations in this section are based on monthly income. For the conversion of other than monthly income to monthly amount, see CAG 4330.

Step 1: Total all the earned income of all the members of the assistance unit, excluding the income that is described in CAG 4132: Non-Countable Income.

Step 2: Subtract from this total:

- all the earned income of a child who is a full-time student, or a part-time student but not a full-time employee; and
- any reimbursement for training-related expenses under WIN.

Step 3: If the result of Step 2 is less than $30, it is not counted. If it is more than $30, subtract $30 from the result of Step 2.

Step 4: If the result of Step 3 is greater than zero, divide it by 3; subtract the result from the result of Step 3.

Step 5: Subtract from the result of Step 4 an amount equal to the work-related expenses associated with the earnings being counted. See CAG 4340: Determining Work-Related Expenses.

Step 6: Total all unearned and other income not included in CAG 4132: Non-Countable Income. Be sure to include:

- The value of any in-kind income (see CAG 4360: Income In Kind); and
- Any income available to a member of the assistance unit from individuals in the home who have a legal obligation to support. See CAG 4410: Effect of Stepparent's Income on Remarried Parent's Grant, CAG 4411: Effect of Income of Ineligible Remarried Parent on Children's Grant and CAG 4412: Effect of Income of Ineligible Unmarried Parent Under 18 on Children's Grant.

Do not include any payments being made to the Department by an absent parent.

Step 7: Add the results of Steps 5 and 6. If this sum is less than or equal to the Standard of Assistance for an assistance unit of the appropriate size (see CAG 4140: Standards of Assistance), the unit meets the test of income eligibility. If it is greater, the unit is not eligible.

4311 RETESTING INCOME ELIGIBILITY WHEN MEMBERS ARE ADDED TO THE ASSISTANCE UNIT

This test applies

- when one or more persons with income are added to the assistance unit; and
- when some but not all members of an applicant assistance unit received AFDC at some time in the previous four calendar months.

NOTE: All income calculations in this section are based on monthly income. For the conversion of other than monthly income to monthly amount, see CAG 4330.

Step 1: Total all the earned income of all the old members of the assistance unit (or members who received AFDC within the past four months), excluding the income that is described in CAG 4132: Non-Countable Income.

Step 2: Subtract from this total:

- all the earned income of a child who is a full-time student, or a part-time student but not a full-time employee; and
- any reimbursement for training-related expenses under WIN.

Step 3: If the result of Step 2 is less than $30, it is not counted. If it is more than $30, subtract $30 from the result of Step 2.

Step 4: If the result of Step 3 is greater than zero, divide it by 3; subtract the result from the result of Step 3.

Step 5: Add to the result of Step 4 any countable earnings of the new member(s) of the assistance unit (or members who did not receive AFDC within the previous four months).

Step 6: Subtract from the result of Step 5 an amount equal to the work-related expenses associated with the earnings being counted. (See CAG 4340: Determining Work-Related Expenses).

Step 7: Total all the countable unearned and other income of the new and old members of the assistance unit. Be sure to include:

- The value of any in-kind income (see CAG 4360: Income in Kind); and

- Any income available to a member of the assistance unit from individuals in the home who have a legal obligation to support. See CAG 4410: Effect of Stepparent's Income on Remarried Parent's Grant, CAG 4411: Effect of Income of Ineligible Remarried Parent on Children's Grant and CAG 4412: Effect of Income of Ineligible Unmarried Parent Under 18 on Children's Grant.

  Do not include any payments being made to the Department by an absent parent if this is a redetermination.

Step 8: Add the results of Steps 6 and 7. If this sum is less than or equal to the Standard of Assistance for an assistance unit of the appropriate size (See CAG 4140: Standards of Assistance), the unit meets the test of income eligibility. If it is greater, the unit is not eligible.

4320 DETERMINING WHETHER INCOME IS EARNED OR UNEARNED

It is important to know whether income is earned or unearned. The $30 and one-third income disregard from countable income applies only to earned income and only under certain circumstances. See CAG 4425: Eligibility Requirements Thirty Plus One Third Disregard.

In most cases, it will be clear whether income is earned or unearned. If there is a question, the principle that distinguishes earned from unearned income is the following: Any income that an applicant or recipient gains through the application of his or her own efforts or skills, however minor, is earned income. Income which accrues to the individual without any effort on his or her part is unearned income.

For example:

- If a person rents property and arranges the rental himself or herself, makes or arranges for repairs to the property, and/or performs any other work or services in regard to the rented property, the income from the property is earned income. If (s)he merely pays an agent to rent and keep up the property, the income is unearned. This is true regardless of the fee paid as long as the agent is not an employee of the owner of the rental property.
- If a person owns all or part of a business and actively directs it, even if only through giving orders to a hired manager, the income from the business is earned income. If (s)he does nothing and only collects profits, the income is unearned income.
- If a person has a trust fund, or other investments, and actively manages it, the accruals to the trust fund are earned income. If (s)he merely pays a broker or keeps the fund in a bank, the accruals are unearned income.

The following are always unearned income:

- Unemployment Compensation payments;
- Pensions;
- Social Security benefits;
- Veteran's benefits;
- Dividends, interest, and capital gains in which an individual exercises no managerial role;
- Worker's Compensation;
- Contributions from friends and relatives; and
- Prizes.

4320 DETERMINING WHETHER INCOME IS EARNED OR UNEARNED

It is important to know whether income is earned or unearned. The $30 and one-third income deduction from countable income applies only to earned income.

In most cases, it will be clear whether income is earned or unearned. If there is a question, the principle that distinguishes earned from unearned income is the following: Any income that an applicant or recipient gains through the application of his or her own efforts or skills, however minor, is earned income. Income which accrues to the individual without any effort on her or her part is unearned income.

For example:

- If a person rents property and arranges the rental himself or herself, makes or arranges for repairs to the property, and/or performs any other work or services in regard to the rented property, the income from the property is earned income. If (s)he merely pays an agent to rent and keep up the property, the income is unearned. This is true regardless of the fee paid as long as the agent is not an employee of the owner of the rental property.
- If a person owns all or part of a business and actively directs it, even if only through giving orders to a hired manager, the income from the business is earned income. If (s)he does nothing and only collects profits, the income is unearned income.
- If a person has a trust fund, or other investments, and actively manages it, the accruals to the trust fund are earned income. If (s)he merely pays a broker or keeps the fund in a bank, the accruals are unearned income.

The following are always unearned income:

- Unemployment Compensation payments;
- Pensions;
- Social Security benefits;
- Veteran's benefits;
- Dividents, interest, and capital gains in which an individual exercises no managerial role;
- Worker's Compensation;

- Contributions from friends and relatives; and
- Prizes.

4430 EXAMPLES OF ELIGIBILITY AND GRANT CALCULATIONS

Use the budget worksheet to calculate the grant for actual casework. The examples below are worked without the budget worksheet to illustrate the concepts involved.

Example 1: Earned Income, Ongoing Case

The assistance unit in an active AFDC case consists of a woman and her two children. The woman becomes employed at a job where she earns $134 each week for 40 hours work. She pays $40 per week per child for child care.

A. Eligibility Test

$134 x 4 1/3 = 580.67

(1) The Eligibility Standard for a family of three is $568 (150% of the Standard of Assistance). Therefore the assistance unit is no longer eligible and the case must be closed.

(2) Although when the child care and work related expenses are subtracted, the family income is less than the Standard of Assistance, there is no eligibility if the 150% test is not passed.

Example 2: Earned Income, Application

A family applying for AFDC consists of a woman and her two children. The woman earns $100 each week for working 20 hours. Child care costs her $30 weekly for both children ($15 per child).

A. Eligibility Tests

(1) $100 x 4 1/3 = 433.33 gross income.

The Eligibility Standard for a family of three is $568 (150% of the Standard of Assistance). Since the gross income is less than this amount, the family passes the first eligibility test.

(2) $100 x 4.33 = 433.33 gross income
-37.50 work related expenses
395.83
130.00 child care
265.83 adjusted gross income

Since the adjusted gross income is less than the Standard of Assistance for a family of three, the family passes the second eligibility test.

B. Grant Calculation

If the woman has not received AFDC for at least one year, she is eligible for the $30 plus one-third disregard. To determine her budget, do the following.

265.83	adjusted gross income
-30.00	
235.83	X 1/3 = 78.61
-78.61	
157.22	net AFDC income
379.20	standard of assistance for three
-157.22	net AFDC income
221.98	monthly AFDC grant (using $30 plus one-third disregard)

If the woman had both received AFDC within the past year and had also received the $30 plus one-third disregard for four or more consecutive months (beginning on or after October 1, 1981) she would not be eligible for the $30 plus one-third disregard. The monthly grant would then be computed as follows:

379.20	standard of assistance for three
265.83	adjusted gross income
113.37	monthly grant without $30 + one-third disregard

Example 3: Remarried Parent, Unearned Income and Check under $10

A woman and her three children are receiving assistance. The woman marries a man who works 40 hours per week and earns $134/wk. The wife receives a $72 weekly Unemployment check. The man pays $30 weekly in support for his children from a prior marriage. He has no other dependents.

Since the woman has a right to support from her husband her needs must be tested separately (see CAG 4302: The Income Eligibility Test for Remarried Parents and Determination of Attributable Income from a Stepparent). First determine the net income of the husband.

134.00	weekly income
x4 1/3	
580.67	gross monthly income
-75.00	work related expenses
505.67	
- 314.20	standard of assistance for an AFDC family of 2 (stepparent and remarried parent)
191.47	
- 130.00	child support
61.47	stepparent liability

Since the remainder is greater than zero, the remarried mother is ineligible to be included in the AFDC grant and the remainder is the amount of stepparent liability (See CAG 4302: The Income Eligibility Test for Remarried Parents and Determination of Attributable Income from a Stepparent).

A. Eligibility Tests

(1)

$ 72.00	weekly unemployment
x 4 1/3	
312.00	monthly unemployment
+ 61.47	stepparent liability
373.47	countable monthly income

The Eligibility Standard for a family of three is $568.80 (150% of the standard of assistance). Since the countable monthly income is less than that amount, the assistance unit passes the first eligibility test.

(2) Since this income is unearned, there are no deductions allowed for the second eligibility test. Since the countable monthly income is less than the Standard of Assistance for a family of three, the second eligibility test is also passed.

B. Grant Calculation

$379.20	standard of assistance for three
- 373.47	countable monthly income
5.73	

Since the monthly grant is under $10.00 the Assistance Unit will receive no check but is considered an eligible AFDC case. They are eligible for full Medicaid.

Example 4

A father and his two children apply for AFDC. He works ten hours a week and earns $40 gross per week. A boarder, who provides free child care while the father is working, also pays $30 per week for room and board. The absent parent makes support payments of $20 per child per week.

A. Eligibilty Tests

1. Test No. 1 - The Eligibility Standard Test or "150% Test"

a. Determine Total Countable Income

(1) Gross income from employment is $40 times 4 1/3 or $173.34.

NOTE: No work-related expenses are to be deducted from this amount. No "thirty and one-third" disregard is to be applied for this test.

(2) Gross income from boarding = $30 x 4 1/3 = $130/mo. Boarding expense deduction is 75% of $130 or $97.50.

$130.00
- 97.50
Net Boarding Income = 32.50

NOTE: Expense deductions for income from roomers, boarders and self-employment are allowed.

(3) Income from child support = $20 x 2 x 4 1/3 = $173.34

(4) Total countable income (150% test)

Gross Employment Income = 173.34
Net Boarding Income = 32.50
Child Support = 173.34
Total Countable Income = 379.18

b. Compare Total Countable Income to Eligibility Standard

Since $379.18 is less than the $568.80 Eligibility Standard for an assistance unit of three, the assistance unit passes the "150% Test".

2. Second Test of Financial Eligibility

a. Determine Total Countable Income

(1) Gross employment income = 173.34
Since the father works ten hours, 18.75 is to be deducted. -18.75
No "30 and 1/3" disregard. 154.59
Since there are no child care expenses, net employment income = 154.59

(2) Net Income from Boarders = 32.50

(3) Income from Child Support = 173.34

(4) Total Countable Income (Second Test)
Net Employment Income = 154.59
Net Boarding Income = 32.50
Child Support Income = 173.34
Total Countable Income = 360.43

4331 INCOME INFORMATION TO BE USED WHEN INCOME CHANGES

As a rule the determination of eligibility and the grant amount is based on the most recent three weeks' earned income. This is true even if this information shows fluctuations in income (such as overtime wages or bonuses).

There are only two exceptions to this rule.

The first exception occurs only at redetermination when the recipient had no earnings in one or more of the three weeks under consideration because of highly unusual circumstances. Such circumstances include, for example, temporary factory shut-downs or extended (a week or more) sick or vacation leave without pay. In such cases, you should use only the weeks in which there was income to determine the average weekly and monthly income.

The second exception occurs at or in between redeterminations when a recipient's employment status changes or there is a change in his or her unearned income. To determine whether or not a change in earnings has been caused by a change in employment status, see CAG 4332: Changes in Employment Status. In such cases, the determination of eligibility and the grant amount is based on the most recent information that accurately predicts his or her future income, even if this is less than three weeks of information.

For example, if a recipient notifies you that (s)he has changed jobs, you should reassess eligibility and recalculate the grant amount using the most current paystubs from the new employer, even if there are only one or two available. When three weeks of information on the new employment is available, you must again reassess eligibility and the grant amount.

4332 CHANGES IN EMPLOYMENT STATUS

Temporary or sporadic changes in income are not good predictors of future income, and therefore should not result in recalculation of the grant, although they may result in retroactive adjustments (a "Q" payment for an underpayment, for example).

For earned income cases, the rule of thumb is that you should recalculate the grant in between redeterminations only when there is a change in earnings that is the result of a change in employment status. Changes in employment status are:

- Changes from part-time to full-time, or full-time to part-time employment;
- Changes in jobs;
- Promotions or demotions;
- Raises;
- Stopping or starting work;
- Increases or decreases in hourly wages.

Temporary fluctuations in earnings may result from overtime, leave without pay, non-recurring bonuses, or other short-term changes. Such fluctuations should not be considered to be changes in employment status unless they are expected to last at lease a month.

4333 SELF-EMPLOYMENT INCOME

Earned income from self-employment is derived when a person works for himself or herself, or a group of persons works for itself and not for others, and in which active exercise of some effort and skill is required to earn the income. Mere possession of assets (for example, buildings or securities) does not constitute self-employment. While there are borderline cases, you will generally be able to distinguish self-employment from employment by asking the following questions:

- Does the person in question report only to himself or herself?
- Can the person in question decide his or her own hours and days of work?
- Does the person in question have to report earnings (for other than tax purposes) to anyone else?
- If there are employees in the business, do they finally answer to anyone other than the person in question?
- Does anyone set the salary or wages of the person in question, or does he or she set it himself or herself?
- Does the person in question own the business outright? If there are co-owners, what is the arrangement with them? (Situations in which there are a number of investors in a business, only one of whom works, are not uncommon.)

If you still have doubts after exploring these questions, discuss the case with your supervisor. If he or she cannot resolve the matter, your director or designee may request a determination from Central Office.

4334 DETERMINATION AND VERIFICATION OF SELF-EMPLOYMENT INCOME

Earnings from self-employment are total income less actual business expenses. Business expenses include all costs necessary to maintain the business; they do not include personal expenses such as lunches or transportation to and from work. (For a full list of possible personal expenses, see CAG 4340: Determining Work-Related Expenses.) Before deducting the "$30 and one-third" disregard and personal work-related expenses, therefore, you must determine the amount of total receipts and subtract the amount of business expenses.

Total receipts and actual business expenses should be verified by examining business or tax (state, federal, or local) records for the three most current months. The income less business expenses for the last three months, divided by 3, is to be used as the projected monthly income unless the self-employed person gives you reason to believe that there will be a substantial change in income.

Business expenses may include the following, and any others that the applicant or recipient can document:

- rent for the premises in which the business is conducted, if rented;
- mortgage payments for the premises, if owned;
- property taxes for the premises, if owned;
- insurance for the business;
- utilities (heat, air conditioning, lighting, water, electricity, garbage collection);
- special utilities needed to conduct the business (high voltage lines, special gases);
- cost of licenses needed to conduct business;
- cost of goods sold;
- advertising costs;
- costs of printing business forms, signs, and cards;
- telephone costs;
- wages, salaries, and commissions paid to employees;
- depreciation on owned equipment properties;
- costs of improving owned or rented properties;

- costs of generating new business;
- costs of vehicles used in the conduct of the business and expenses for same;
- costs of benefits to employees, such as the employees' share of Social Security taxes, healtha nd life insurance premiums, contributions to pension and employer IRA plans, and wages paid for sick leave, vacations, and holidays; and
- taxes on the income of the business (not the owner);

4335 INCOME FROM ROOMERS AND BOARDERS

An applicant or recipient who receives payment for room and/or board that (s)he furnishes to anyone other than a member of the assistance unit or a child of the grantee-relative, (s)he is considered to be self-employed and the income is considered earned.

Determine countable earnings, by subtracting business expenses from the total income received from roomers and boarders. Unless the applicant or recipient contends that his or her business expenses are higher, allow the following flat deductions for business expenses:

- 25% of the income received from roomers; and
- 75% of the income from roomers who also receive board.

If the applicant or recipient contends that his or her expenses are higher than the percentages given above, determine and verify business expenses in the same manner as rental income. See CAG 4336: Determining Rental Income. In addition to the expenses listed in CAG 4336, consider as business expenses the cost of the following items, if verified by the applicant or recipient:

- food and cooking;
- food storage; and,
- linens and laundry.

If the costs of the personal expenses of the members of the applicant's or recipient's family are inextricably mixed with the costs of food, food storage, and linens and laundry for roomers and boarders, allocate costs as follows:

$$\text{Cost of food, linens, or laundry} \times \frac{\text{(Total Roomers and Boarders Receiving Service)}}{\text{(Total Persons Receiving Service)}}$$

$$= \text{Allowable Business Expense}$$

Countable earnings from roomers and boarders must be included in the income to which the income Tests of Financial Eligibility are applied. See CAG 4301: The Income Tests of Financial Eligibility.

4336 DETERMINING RENTAL INCOME

Rental income may be earned or unearned, depending on the circumstances (see CAG 4320: Determining Whether Income is Earned or Unearned). In either case, the amount of rental income to be considered as income and deducted from the grant, after application of the appropriate disregards, if any, is total rental income less business expenses.

The business expenses allowable in a rental situation are as follows:

- carrying charges, consisting of principal and interest payments on the mortgage, taxes less abatements, betterment taxes, water service and garbage collection taxes, and owners' insurance premiums;
- fuel and utilities;
- fees paid to a rental agent, if any; and
- maintenance and repair costs. You can allow up to $20 per month per unit for routine maintenance. Amounts above this should be verified.

Unless the applicant or recipient can demonstrate that the previous year's costs and income are unrepresentative of future costs and income, all costs should be documented for one year, then divided by 12 to obtain an average monthly cost, which is then deducted from the average monthly gross rent received to obtain net earned or unearned income.

Make sure that you are deducting all business expenses from the rent actually charged. If the "fee" received by the agent or residence manager is free lodging or utilities, deduct as an additional expense the rent usually charged for the size or type of lodging in the same building (for example, if the agent or resident manager is given a one-bedroom apartment, the rent charged as a business expense should be the rent for a one-bedroom apartment).

When a portion of the house used by the assistance unit is rented (when, for example, the assistance unit lives in one apartment or section of a multi-family dwelling), you should determine business expenses in the following manner:

- A = Amount allowed for routine maintenance ($20/month times number of units in building)
- B = Total other business expenses described above
- C = The fraction: $\frac{\text{number of units in building - 1}}{\text{number of units in building}}$
- Business expenses to be deducted from total rent received = A + (B x C)

If the building has separate meters for gas, electricity, or for a heating fuel other than gas, the figure used for total business costs in the above equation should not include the cost of any separately metered utilities paid by the tenant.

4340 DETERMINING DEDUCTIONS FOR WORK RELATED EXPENSES AND DEPENDENT CARE

The only expenses which can be deducted from the earnings of an individual are the work related expense deduction and the dependent care deduction. Neither of these deductions however can be made for the month in which the following occurred:

- the individual reduced his or her income or terminated his employment without good cause or refused a bona fide job offer without good cause within the past thirty days (see CAG 4074: Deprivation Due to Unemployment (D);

- the individual failed without good cause to report to the Department within 10 calendar days any change in his or her circumstances which may affect his or her eligibility or the amount of the grant. Good cause for failure to make a timely report is limited to demonstrated serious illness of the applicant or recipient or a dependent child. Manual references: 301.420(A), 304.270, 304.275.

In addition, neither of these deductions can be made from income from roomers boarders, and renters.

A. Work Related Expense Deduction

The work related expense deduction depends on the number of hours per week the employed applicant or recipient works rather than the actual expenses incurred by the employee. Find the amount of work related expense deduction according to the schedule of hours below.

B. Dependent Care Deduction

The dependent care deduction has the following restrictions.

- No deduction is allowed for the care of any dependent child 14 years of age or older unless he or she is incapacitated and that incapacity has been verified.

- No deduction is allowed for payment to any individual living in the applicant's or recipient's home whether or not the individual is in the assistance unit.

- The maximum dependent care deduction shall not exceed $160 for any dependent in the assistance unit.

The dependent care deduction is the actual cost of care for a dependent child or other incapacitated individual in the assistance unit and is limited by the following:

- If the employee works 31 or more hours per week, the dependent care deduction for any child or incapacitated individual can not exceed $160/mo.

- If the employee works less than 31 hours per week, the dependent care deduction is prorated according to the number of hours per week the employee works. Find the maximum dependent care deduction for these cases in the schedule of hours below.

Dependent care payments must be verified by

- a signed and dated statement from a day care provider; or
- a cancelled check or money order payable to the day care provider.

Schedule for Work Related Expense and Dependent Care Deductions

Weekly Hours	Monthly Hours	Work Related Expense Deduction	Maximum Dependent Care Deduction Per Dependent
10 or fewer than 10	43 or fewer than 43	18.75	$ 40
11 - 21	44 - 87	37.50	$ 80
21 - 30	88 - 130	56.25	$120
31 or more	131 or more	75.00	$160

Round up all fractional hours to the next higher whole hour.

Manual References: 301.420(A), 304.270 and 304.275

4350 VERIFICATION OF UNEARNED INCOME

Unearned income is verified by:

> The check itself or a letter from the source of the income, such as a Social Security award letter, Social Security Notice of Increase or Decrease, pension award letter, and similar documents; or
>
> Contacting the source of the income to obtain oral or written confirmation of the amount paid. You must first obtain permission for such a contact; see CAG 5310: Collateral Contact Consent Form.

4360 INCOME IN KIND

When an assistance unit pays nothing for rent or mortgage, fuel, utilities or food, the value of the item provided at no cost must be considered as unearned income.

The value of the item is determined according to the following schedule:

- free rent or mortgage not including heat: $102.00 per month;
- free rent or mortgage including heat: $126.30 per month;
- fuel: $27.90 per month;
- utilities: $18.60 per month;
- food: $41.80 per month for each individual in the assistance unit for which it is furnished.

The above amounts for shelter, fuel and utilities are used regardless of the number of persons in the assistance unit.

An assistance unit may receive income in kind because, for example, there are other people in the household who are not in the assistance unit but who pay for the household's fuel and rent, or because an absent parent pays the unit's mortgage bills. Whenever the assistance unit does not pay for its housing, its fuel, its utilities or for food for anyone of its members, you can assume that it is receiving income in kind, and you must reduce the unit's grant by the appropriate amount listed above.

Manual Reference: 304.510

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4400 CALCULATING THE GRANT AMOUNT

Once eligibility has been determined (see CAG 4301: The Income Tests of Financial Eligibility) the monthly grant amount is calculated as follows:

Step 1: If no members of the assistance unit have earned income, Go to Step 4. If one or more members have earned income, identify the earned income of each member of the assistance unit separately, excluding the income that is listed in CAG 4132: Non-Countable Income.

Step 2: Subtract from the gross earnings of each member of the assistance unit the work related expense and child care deduction (see CAG 4340: Determining Deductions for Work Related Expenses and Dependent Care.

Step 3: Determine whether each member of the assistance unit with earned income is eligible for the 30 + 1/3 disregard (see CAG 4425: Eligibility Requirements for the $30 Plus One-Third Disregard).

- If the member is not eligible for the disregard, total that member's unearned and other income not included in CAG 4132: Non-Countable Income. Add it to the result of Step 2 for that member.
- If the member is eligible for the disregard, subtract $30 from the result of Step 2 and then subtract one third of the remainder. Add this result to that member's unearned and other income not included in CAG 4132: Non-Countable Income.

Step 4: Add together the earned, unearned and other income of all family members, (excluding the income described in CAG 4132: Non Countable Income), after applying all relevant deductions and disregards.

Step 5: Subtract the result of Step 4 from the Need Standard amount for the size of the assistance unit (see CAG 4140: Eligibility Standard, Need Standard and Payment Standard).

- The result, if $10.00 or more, is the amount of the monthly grant, provided it does not exceed the Payment Standard. (Payment Standard is the maximum monthly grant.)
- If the result is less than zero the assistance unit is not eligible.
- If the result is zero or more than zero but less than $10.00, the assistance unit is eligible, but will not receive a monthly check.

See CAG 4430 for examples of these calculations.

Manual Reference: 304.500

4410 EFFECT OF STEPPARENT'S INCOME ON REMARRIED PARENT'S GRANT

Whether or not the remarried parent is eligible for membership in the assistance unit, the amount of income deemed from the stepparent, as calculated in CAG 4302: The Income Eligibility Test for Remarried Parents and Determination of Attributable Income from a Stepparent, is considered as unearned income in calculating the grant for the assistance unit. In addition the full amount of the Remarried Parent's own income is considered in determining the grant for the Assistance Unit.

The Remarried Parent will be entitled to the deductions for work related expenses and dependent care whether or not (s)he is included in the Assistance Unit. The $30 and one-third disregard will be provided to the remarried parent only if (s)he is included in the assistance unit. For specific instructions on the deductions and disregards, see CAG 4340: Deductions for Work Related Expenses and Dependent Care and CAG 4425: Eligibility for the $30 and one-third disregard.

4412 EFFECT OF INCOME OF INELIGIBLE UNMARRIED PARENT UNDER 18 ON CHILDREN'S GRANT

In certain circumstances, an unmarried parent under 18 living with his or her parents will be financially ineligible for AFDC at the same time that his or her child or children are eligible (see CAG 4303: The Income Eligibility Test for an Unmarried Pregnant Woman or Parent Under 18). In such cases any income of the parent under 18 is considered in determining the grant for the child(ren). The income of the grandparents is not considered.

Whether or not the parent under 18 is included in the assistance unit, (s)he will be entitled to earned income deductions and disregards. The "$30 and one-third" disregard will only be allowed if the parent is included in the assistance unit. For specific instructions on deductions and disregards, see CAG 4340: Deductions for Work Related Expenses and Dependent Care and CAG 4425: Eligibility for the $30 and one-third disregard.

4412 EFFECT OF INCOME OF INELIGIBLE UNMARRIED PARENT UNDER 18 ON CHILDREN'S GRANT

In certain circumstances, an unmarried parent under 18 living with his or her parents will be financially ineligible for AFDC at the same time that his or her child or children are eligible (see CAG 4303: The Income Eligibility Test for an Unmarried Pregnant Woman or Parent Under 18). In such cases any income of the parent under 18 is considered in determining the grant for the child(ren). The income of the grandparents is not considered.

Whether or not the parent under 18 is included in the assistance unit, (s)he will be entitled to earned income deductions and disregards. The "$30 and one-third" disregard will only be allowed if the parent is included in the assistance unit. For specific instructions on deductions and disregards, see CAG 4340: Deductions for Work Related Expenses and Dependent Care and CAG 4425: Eligibility for the $30 and one-third disregard.

4425 ELIGIBILITY REQUIREMENTS FOR THE $30 PLUS ONE-THIRD DISREGARD

The $30 plus one-third disregard refers to a disregard of a portion of the earned income of each member included in the assistance unit under certain circumstances. If the circumstances are met, the first $30 of the individual's earned income after deduction of the work related expenses and the dependent care expenses is disregarded. In addition, one-third of the remainder is also disregarded. The circumstances under which the individual is eligible to receive this disregard are described below.

The $30 and one-third disregard cannot be allowed for an individual for the month in which the following occurred.

- The individual reduced his or her income or terminated his employment without good cause or refused a bona fide job offer without good cause within the past thirty days (see CAG 4074: Deprivation Due to Unemployment (D)).
- The individual failed without good cause to report to the Department within 10 calendar days any changes in his or her circumstances which may affect his or her eligibility or the amount of the grant. Good cause for failure to make a timely report is limited to demonstrated serious illness of the applicant or recipient or a dependent child anual references: 301.420 (A), 304.270 and 304.275.

Eligibility for the $30 plus one-third disregard is limited to four consecutive calendar months and must always be applied to the earnings of the individual who is eligible for it. Once the disregard has been applied for any part of each of four consecutive calendar months beginning on or after October 1, 1981, the individual becomes ineligible to receive it again while AFDC continues to be received. If the disregard has been applied for a shorter period of time, the individual is still entitled to four consecutive calendar months of disregard eligibility. Four additional months of the disregard may again be received if the employee or his/her dependents did not receive AFDC for twelve consecutive calendar months after receipt of the four months of disregard.

Eligibility for this disregard is specific to the individual rather than to the assistance unit as a whole. For example, the grantee relative may be ineligible for the disregard because she has already received it for four consecutive months while her dependent may be eligible for it because he has not received it previously.

CIRCUMSTANCES FOR USE OF THE $30 PLUS ONE-THIRD DISREGARD

(A) The First Test of Financial Eligibility (150% Test)

The $30 plus one-third disregard is never applied in this test under any circumstances.

(B) The Second Test of Financial Eligibility (Standard of Need Test)

The following individuals are eligible for the disregard:

- a recipient or his or her dependent who has not received the disregard for any part of each of four consecutive calendar months, or if (s)he did receive the disregard, there was a period of twelve consecutive calendar months which the recipient or his or her dependent did not receive AFDC after receipt of the four months of disregard; and,
- an applicant or his or her dependent who has received AFDC within the past four months but who has not received four consecutive calendar months of the disregard.

The following individuals are not eligible for the disregard:

- a recipient or his or her dependent who has received four consecutive calendar months of the disregard and has not been off AFDC for twelve consecutive calendar months;
- an applicant or his or her dependent who has not received AFDC within the past four months.
- A Remarried Parent not included in the Assistance Unit.

(C) Calculating the Grant Amount

The following individuals are eligible to receive the disregard:

- a recipient or his or her dependent who has not received four consecutive calendar months of the disregard; and
- an applicant or his or her dependent who never received the disregard or who has received four consecutive calendar months of the disregard but has not received AFDC for twelve consecutive calendar months since receipt of that disregard.

The following individuals are not eligible to receive the disregard:

- a recipient or his or her dependent who has received four consecutive calendar months of this disregard and has not been off AFDC for twelve consecutive calendar months; and
- an applicant or his or her dependent who has received four consecutive calendar months of the disregard within the last twelve months.

N.B. The $30 and one-third disregard is not to be applied to the earnings of an individual not included in the assistance unit.

Manual Reference: 304.280

4430 EXAMPLES OF ELIGIBILITY AND GRANT CALCULATIONS

Use the budget worksheet to calculate the grant for actual casework. The examples below are worked without the budget worksheet to illustrate the concepts involved.

Example 1: Earned Income, Ongoing Case

The assistance unit in an active AFDC case consists of a woman and her two children. The woman becomes employed at a job where she earns $140 each week for 40 hours work. She pays $40 per week per child for child care.

A. Eligibility Test

$140 x 4.333 = 606.62

(1) The Eligibility Standard for a family of three is $597.30 (150% of the Need Standard). Therefore the assistance unit is no longer eligible and the case must be closed.

(2) Although when the child care and work related expenses are subtracted, the family income is less than the Need Standard, there is no eligibility if the 150% test is not passed.

Example 2: Earned Income, Application

A family applying for AFDC consists of a woman and her two children. The woman earns $100 each week for working 20 hours. Child care costs her $30 weekly for both children ($15 per child).

A. Eligibility Tests

(1) $100 x 4.333 = 433.30 gross income.

The Eligibility Standard for a family of three is $597.30 (150% of the Need Standard). Since the gross income is less than this amount, the family passes the first eligibility test.

(2) $100 x 4.333 = 433.30 gross income
-37.50 work related expenses
395.80
129.99 child care
265.81 adjusted gross income

Since the adjusted gross income is less than the Need Standard for a family of three, the family passes the second eligibility test.

B. Grant Calculation

If the woman has not received AFDC for at least one year, or has never received AFDC, she is eligible for the $30 plus one-third disregard. To determine her budget, do the following.

265.81	adjusted gross income
-30.00	
235.81	X 1/3 = 78.60
-78.60	
157.21	net AFDC income
398.20	Need Standard for three
-157.21	net AFDC income
240.99	monthly AFDC grant (using $30 plus one-third disregard) (cannot exceed the Payment Standard of $379.20 for a family of three)

If the woman had both received AFDC within the past year and had also received the $30 plus one-third disregard for four or more consecutive months (beginning on or after October 1, 1981) she would not be eligible for the $30 plus one-third disregard. The monthly grant would then be computed as follows:

398.20	Need Standard for three
265.81	adjusted gross income
132.39	monthly grant without $30 + one-third disregard

Example 3: Remarried Parent, Unearned Income and Check under $10

A woman and her three children are receiving assistance. The woman marries a man who works 40 hours per week and earns $142/wk. The wife receives a $72 weekly Unemployment check. The man pays $30 weekly in support for his children from a prior marriage. He has no other dependents.

Since the woman has a right to support from her husband her needs must be tested separately (see CAG 4302: The Income Eligibility Test for Remarried Parents and Determination of Attributable Income from a Stepparent). First determine the net income of the husband.

142.00	weekly income
x4.333	
615.29	gross monthly income
-75.00	work related expenses
540.29	
- 329.90	Need Standard for an AFDC family of 2 (stepparent and remarried parent)
- 210.39	
- 129.99	child support
80.40	stepparent liability

Since the remainder is greater than zero, the remarried mother is ineligible to be included in the AFDC grant and the remainder is the amount of stepparent liability (See CAG 4302: <u>The Income Eligibility Test for Remarried Parents and Determination of Attributable Income from a Stepparent</u>).

A. <u>Eligibility Tests</u>

(1)
```
$ 72.00 weekly unemployment
x 4.333
 311.98 monthly unemployment
+ 80.40 stepparent liability
 392.38 countable monthly income
```

The Eligibility Standard for a family of three is $597.30 (150% of the Need Standard). Since the countable monthly income is less than that amount, the assistance unit passes the first eligibility test.

(2) Since this income is unearned, there are no deductions allowed for the second eligibility test. Since the countable monthly income is less than the Need Standard for a family of three, the second eligibility test is also passed.

B. <u>Grant Calculation</u>

```
$398.20 Need Standard for three
-392.38 countable monthly income
   5.82
```

Since the monthly grant is under $10.00 the Assistance Unit will receive no check but is considered an eligible AFDC case. They are eligible for full Medicaid.

<u>Example 4</u>

A father and his two children apply for AFDC. He works ten hours a week and earns $40 gross per week. A boarder, who provides free child care while the father is working, also pays $30 per week for room and board. The absent parent makes support payments of $20 per child per week.

A. Eligibilty Tests

1. Test No. 1 - The Eligibility Standard Test or "150% Test"

a. Determine Total Countable Income

(1) Gross income from employment is $40 times 4.333 or $173.32.

NOTE: No work-related expenses are to be deducted from this amount. No "thirty and one-third" disregard is to be applied for this test.

(2) Gross income from boarding = $30 x 4.333 = $129.99/mo. Boarding expense deduction is 75% of $129.99 or $97.49.

	$129.99
	- 97.49
Net Boarding Income =	32.50

NOTE: Expense deductions for income from roomers, boarders and self-employment are allowed.

(3) Income from child support = $20 x 2 x 4.333 = $173.32

(4) Total countable income (150% test)

Gross Employment Income	= 173.32
Net Boarding Income	= 32.50
Child Support	= 173.32
Total Countable Income	= 379.14

b. Compare Total Countable Income to Eligibility Standard

Since $379.14 is less than the $597.30 Eligibility Standard for an assistance unit of three, the assistance unit passes the "150% Test".

2. Second Test of Financial Eligibility

a. Determine Total Countable Income

(1) Gross employment income =	173.32	
Since the father works ten hours, 18.75 is to be deducted. No "30 and 1/3" disregard.	-18.75	
	154.57	
Since there are no child care expenses, net employment income		= 154.57
(2) Net Income from Boarders	= 32.50	
(3) Income from Child Support	= 173.32	

(4) Total Countable Income (Second Test)

Net Employment Income	=	154.57
Net Boarding Income	=	32.50
Child Support Income	=	173.32
Total Countable Income	=	360.39

b. Compare Countable Income to the Need Standard

Since $360.39 is less than the $398.20 Need Standard for an assistance unit of three, the assistance unit passes the Need Standard test, and is income-eligible.

B. Calculation of the Grant Amount

1. Determine total deductible income.

a. Gross Employment Income = Income from wages plus income from boarders. NOTE: Income from roomers and boarders, after expenses, is considered self-employment income and therefore qualifies for inclusion in the figure to which the $30 plus one third disregard is applied. See CAG 4335: Income From Roomers and Boarders. Work related expenses, however, can be deducted only from income from wages. See CAG 4340: Determining Deductions for Work Related Expenses and Dependent Care.

b. Total Deductible Income

Wages	=	$173.32
Work Related Expenses	=	-18.75
		$154.57
Boarding Income		32.50
		187.07
Subtraction of $30		-30.00
		157.07
and one-third disregard		-52.36
after the work related expenses		
TOTAL DEDUCTIBLE INCOME		$104.71

c. Income from child support ($173.34) is to be disregarded in calculating the grant amount, since support payments must now be made directly to the Department.

2. Deduct Total Deductible Income From the Need Standard

Need Standard (3 people)	=	$398.20
Total Deductibe Income	=	$104.71
AFDC GRANT AMOUNT		$293.49

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T-4500 WTP REGISTRATION AND REFERRAL

Effective immediately, all applicants and recipients who are mandatory WTP registrants must be referred to WTP for registration and/or participation. For applicants, WTP registration will occur during the regular application process. For recipients, WTP registration or referral will occur at the time of the next redetermination.

At that time the WTP status of each member of the assistance unit must be determined. If any member is determined to be a mandatory WTP registrant, one of the following actions must be taken.

- If the individual was previously WIN or WTP exempt (s)he must register for WTP.
- If the individual was either a voluntary or a mandatory WIN registrant as of April 11, 1982, (s)he is automatically a WTP registrant. However, it is necessary to refer the individual to WTP for participation. Determination of whether an individual was a WIN registrant as of April 11, 1982 shall be based on the case-record copy of the WIN-1 signed by DES.
- If the individual was registered with the WIN Program as of April 11, 1982 but is now exempt from WTP registration, (s)he must be deregistered.

Form WTP-1 (formerly the WIN-1) will be used both to register applicants and recipients not previously WIN or WTP registered and to refer for WTP participation those recipients who were WIN registrants. When the WTP-1 (WIN-1) is used to refer former WIN registrants for WTP participation, the statement "WIN REGISTRANT AS OF 4/11/82, REFERRED FOR PARTICIPATION" must be written on it.

4500 WTP REQUIREMENTS

As a condition of AFDC eligibility, each member of the assistance unit living in an area served by the WTP must register for and participate in the WTP Program, unless (s)he is determined to be exempt. The following points outline the exemptions from WTP.

A full explanation of WTP exemptions and how they may be verified is found in CAG 4540: WTP Exemptions

- a dependent child under 16 years of age;
- a dependent child at least 16 but under 21 and regularly attending a secondary school or a vocational or technical training program designed to lead to gainful employment. The vocational or technical training may not be provided through a college or a university;
- a person 65 years of age or older;
- a person who has been determined to be permanently and totally physically or mentally incapacitated;
- a person who is temporarily ill or incapacitated;
- a caretaker whose presence is required in the home on a continuous basis to provide care to a physically or mentally impaired member of the household, when no other appropriate member of the household is available to provide such care;
- a parent or other grantee-relative who provides full-time care for a child under 6 with only brief and infrequent absences from the child;
- a parent or other grantee-relative of a dependent child if:
  - in an AFDC-UP unit the principal earner is registered for WTP; or
  - in a non-AFDC-UP unit, another non-exempt adult relative is registered for WTP;
- a person who is working not fewer than an average of 30 hours per week in unsubsidized employment expected to last a minimum of 30 days.
- a parent who has been convicted of an offense; is under sentence of the court to perform unpaid work or community service; is permitted to live at home while serving the sentence; and who, as a result is unable to maintain regular full-time employment;
- a person who is too distant from a WTP project location;
- a pregnant woman; and
- an individual living in an area not served by the WTP.

Applicants and recipients must be provided with written notification of their rights and responsibilities. This notice must be signed by the applicant or recipient and a copy must be filed in the case record. The notice must include the following points:

° A mandatory registrant who refuses to register for WTP is ineligible for AFDC. If the individual refusing to register is the only dependent child or the principal earner in an AFDC-UP assistance unit, the entire assistance unit is ineligible.

° An individual who refuses to participate in WTP, unless exempt from participation (see CAG 4560), even though (s)he has registered, will be ineligible for AFDC for a period of 60 days following the first refusal and 180 days for any subsequent refusal. If the individual refusing to participate is the only dependent child or the principal earner, the entire AFDC case will be ineligible for that amount of time.

° A person determined to be exempt may register as a voluntary participant, if (s)he so desires. A voluntary registration may be withdrawn at any time without loss of AFDC benefits, provided that the person's exempt status has not changed. A voluntary registrant's failure to participate in WTP will entail no AFDC eligibility sanctions. Children under 16 may not register with WTP, but should be referred to CETA for Youth Employment services.

4510 OVERVIEW OF WTP

This CAG provides an overview of the Work and Training Program (WTP). It is the responsibility of the WTP worker to explain the program to applicants and recipients in detail. The principle goal of the WTP is to provide AFDC applicants and recipients with opportunities for employment and training so that they may become economically independent. This goal is accomplished first through the immediate referral of all WTP registrants to any employment opportunities which are available. If no employment opportunity is available, the goal is accomplished through the WTP registrant's participation in one of the four components of WTP. The four components are: Job Search, Work Experience, Training, and Supported Work.

Job Search

Job Search consists of individual job search, independent job search, or participation in a Job Club. The WTP worker shall assign each WTP registrant to the appropriate Job Search component which shall continue for up to five weeks. At its conclusion, the WTP participant may volunteer to be assigned to the Work Experience, Training, or Supported Work components, or if an assignment is unavailable in these components, the participant will again be required to participate in the Job Search component.

Work Experience

Work Experience (WE) is a voluntary component of WTP. It provides for the development of basic work skills and a work history. This is accomplished by participating in activities within the non-profit sector. The individual participating in a WE component will be required to participate between 20 and 30 hours per week. Each separate WE component can last up to 26 weeks.

Training

Training is a voluntary component of WTP. It includes programs designed to develop job entry skills such as the ability to read, write and speak English, GED equivalency and authorized employment related technical training.

Supported Work

Supported Work is a voluntary component of WTP. It consists of highly supervised and subsidized job placements in private employment for those recipients with the greatest number of employment barriers.

All mandatory WTP registrants who are not exempt from participation (see CAG 4560) must be participating at all times in one of the WTP components. If a mandatory registrant fails to participate without Good Cause, the AFDC worker will be notified by the WTP worker. Action must then be taken to impose the appropriate sanction, as discussed in CAG 4570: Santions for Failure to Participate in WTP.

4511 RESPONSIBILITIES OF THE AFDC WORKER IN WTP

The WTP Program is administered by the Department of Public Welfare. The Division of Employment Security (DES) participates in this effort by carrying out the Job Search Component. The WTP requirements for AFDC eligibility are administered by the WTP worker, who is responsible for registering, appraising and arranging for supportive services for WTP registrants. The DES/WTP worker, is responsible for working with recipients and applicants to find them jobs. The AFDC worker's responsibilities regarding WTP are outlined in this CAG.

The major responsibilities of the AFDC worker are the following:

- Explaining the WTP Program and its requirements to applicants and recipients (see CAG 4500).
- Determining an applicant's work history in the 60 days immediately prior to an AFDC application (see CAG 2211).
- Determining the WTP status of applicants and recipients, and recording it on the WTP-1 (see CAG 4520).
- Referring mandatory and voluntary WTP registrants to WTP by completing the WTP-1 (see CAG 4512).
- Terminating the AFDC eligibility of mandatory registrants who refuse to register for WTP (see CAG 4514).
- Notifying WTP, via a WTP-6, of changes in a registrant's status which may affect either his registration or participation. see CAG 4513).
- Responding to requests from WTP for a reevaluation of a registrant's status (see CAG 4513).
- Reducing or terminating AFDC eligibility when WTP notifies you that sanctions are necessary (see CAG 4570).
- Representing the Department at all fair hearings in which an applicant or recipient wishes to contest a denial, termination or reduction or AFDC bene fits resulting from a failure to register or to participate (see CAG 4571).
- Providing a WTP participant with a transportation allowance when instructed to do so by WTP (see CAG 4580).
- Calculating potential Net Loss of Income resulting from an offer of employment (see CAG 4556).

4511 REFERRING WIN REGISTRANTS AND RECORDING WIN STATUS

The WIN Referral and Registration Form (WIN-1) is used by AFDC workers to:

- Record the WIN status of all members of the assistance unit age 16 and over;
- To refer mandatory registrants to DES/WIN; and
- To verify the referral of mandatory registrants to DES/WIN.

You must have a WIN-1 in the case record for every member of the assistance unit age 16 and over, and you must complete a new WIN-1 whenever an individual's WIN status changes from exempt to mandatory.

The WIN consists of four color coded, carbonized pages. (See CAG 5101 for a copy of the WIN-1.) All four carbonized pages are identical with the exception of:

- the designation in the lower left hand corner which indicates the proper distribution of each completed page; and
- Section IV of the yellow, or recipient, copy, which contains exemptions status codes.

Section I of the WIN-1 contains case identification information, interview referral information for the applicant or recipient, and WIN interviewer identification information. You should complete all case identification information on the WIN-1 of each member (age 16 or over) of the assistance unit. Note that the "case name" is that of the grantee-relative.

Complete the interview referral information and WIN interviewer identification only for those applicants and recipients who are mandatory WIN registrants.

Section II of the WIN-1 is used to record the WIN status of the applicant or recipient and to inform the grantee-relative of the status of the members of the assistance unit and any outstanding registration or verification requirements. You should check the appropriate box in Section II on the WIN-1 of the grantee-relative and every other member (aged 16 and over) of the assistance unit.

- If a member of the assistance unit has been granted a temporary exemption, check the appropriate box on the grantee-relative's WIN-1 and inform him or her that medical evidence establishing illness or capacity must be presented within 30 days. The date the verification

Manual Reference: 303.820

is required must be written in the appropriate section of the WIN-1. Give him or her the yellow copy and file the white, pink and blue copies in the case record.

- If the applicant or recipient is exempt for any other reason, give him or her the yellow copy of the WIN-1 and file the white, pink and blue copies in the case record.

- If the applicant or recipient is a mandatory WIN registrant, or volunteers to register:

  - Have him or her sign the bottom of Section II;

  - File the white copy, designated Case Copy/DES, in the case record, as verification of the WIN referral;

  - Give the yellow copy, designated Recipient Copy, to the applicant or recipient to be retained for his or her records;

  - Give the pink copy, designated Recipient/DES/Case Record to the applicant or recipient to take to the DES/WIN interview and give to the interviewer; and

  - Send the blue copy, designated DES Copy, to the DES/WIN office via the WIN Data Control Clerk.

If DES/WIN believes that an individual referred as mandatory registrant should be exempt, DES/WIN will state its reasons in writing (on DES/WIN Form #0385) and request a review. You must review the reasons with the DES/WIN interviewer. Your decision is binding on the DES/WIN, except that if you fail to respond to the request for a review within 30 days, DES/WIN will automatically deregister the individual as exempt.

Section II of the WIN-1 is completed by the DES/WIN interviewer to indicate the disposition of the referral of a mandatory or voluntary registrant. You need not complete the identifying information above this section; it it for use by the DES/WIN interviewer.

DES/WIN must promptly register all mandatory or voluntary registrants when they appear at the DES/WIN office. The DES/WIN interviewer will complete Section III of the blue and pink copy at the time of the interview certifying the registration. The pink copy must be returned to the welfare office within three working days of the registration as verification of the registration.

DES/WIN maintains a file of all referrals. If an applicant or recipient fails to register, DES/WIN will notify you no later than 15 days after the referral date. This notification will be on the blue copy of the WIN-1.

Section IV of the WIN-1 is used to record an AFDC status change and notify DES/WIN of the change (see CAG 4512: Notifying DES/WIN of changes). It need not be completed at the time of the initial referral.

4512 NOTIFYING DES/WIN OF CHANGES

You must notify DES/WIN of any change that affects a WIN registrant's status or availability for employment. Such changes include:

. address changes;

. cessation of employment;

. start of employment;

. change of jobs (when the AFDC grant is affected);

. change from mandatory to WIN-exempt status;

. remarriage; and

. cessation of AFDC eligibility.

Notice of such a change is made on Section IV of the WIN-1 or on the WIN-6. The WIN-6 (AFDC Change Notice) is a free-standing version of Section IV of the DES/WIN and AP copies of the WIN-1. The WIN-6 is completed only when Section IV of the WIN-1 has already been used to reflect a WIN status change.

When a change occurs:

. Complete Section IV of the white and pink (blue) copies of the WIN-1 or complete the WIN-6 (see CAG 5101: WIN-1 and CAG 5106: WIN-6).

. Retain the pink (blue) copy in the case record.

  - If the WIN-6 is used, photocopy the WIN-6 and retain the original in the case record.

. Send DES/WIN the white copy of the WIN-1 or the photocopy of the WIN-6.

. If the change is a change from mandatory to WIN-exempt, notify the applicant or recipient of the change in status.

4513 CONSEQUENCES OF REFUSAL TO REGISTER FOR WIN

The consequences of a refusal by a non-exempt individual to register for WIN are the following:

- If the individual who refuses to register is the only parent whose unemployment qualifies the assistance unit for AFDC (see CAG 4074: Deprivation Due to Unemployment) the unit is ineligible for AFDC.
- If both parents meet the unemployment criteria in CAG 4074, and one refuses to register and is not exempt, the other parent must register for WIN unless exempt. The parent who refused to register is not included in the assistance unit. If both parents refuse to register, the assistance unit is ineligible for AFDC.
- If the individual who refuses to register is the only dependent child in the assistance unit, the assistance unit is ineligible for AFDC.
- In all other instances, the individual who refuses to register is ineligible and may not be included in the assistance unit.

Be sure to advise the applicant or recipient that it is possible to register for WIN to become or remain eligible for AFDC while simultaneously appealing the non-exempt determination.

Case closings and reductions resulting from a refusal to register must be preceded with a 10-day advance notice. See CAG 4730: Case Closings and Reductions With Advance Notice.

Manual Reference: 303.830

4512 REFERRING WTP REGISTRANTS AND RECORDING WTP STATUS

The WTP Referral and Registration Form (WTP-1) is used by AFDC workers to:

- Record the WTP status of all members of the assistance unit age 16 and over;
- To refer mandatory registrants to WTP; and
- To verify the referral of mandatory registrants to WTP.

These must be a WTP-1 in the case record for every member of the assistance unit age 16 and over, and a new WTP-1 must be completed whenever an individual's WTP status changes from exempt to mandatory.

The WTP-1 consists of four color coded, carbonized pages. (See CAG 5101 for a copy of the WTP-1.) All four carbonized pages are identical with the exception of:

- the designation in the lower left hand corner which indicates the proper distribution of each completed page; and
- Section IV of the yellow, or recipient, copy, which contains exemptions status codes.

Section I of the WTP-1 contains case identification information, interview referral information for the applicant or recipient, and WTP interviewer identification information. All case identification information must be completed on the WTP-1 of each member (age 16 or over) of the assistance unit. Note that the "case name" is that of the grantee-relative.

Complete the interview referral information and WTP interviewer identification only for those applicants and recipients who are mandatory WTP registrants.

Section II of the WTP-1 is used to record the WTP status of the applicant or recipient and to inform the grantee-relative of the status of the members of the assistance unit and any outstanding registration or verification requirements. Check the appropriate box in Section II on the WTP-1 of the grantee-relative and every other member (aged 16 and over) of the assistance unit.

- If a member of the assistance unit has been granted a temporary exemption, check the appropriate box on the grantee-relative's WTP-1 and inform him or her that medical evidence establishing temporary illness must be presented within 30 days. The date the verification is required must be written in the appropriate section of the WTP-1. Give him or her the yellow copy and file the white, pink and blue copies in the case record.

- If the applicant or recipient is exempt for any other reason, give him or her the yellow copy of the WTP-1 and file the white, pink and blue copies in the case record.

- If the applicant or recipient is a mandatory WTP registrant, or volunteers to register:

  - Have him or her sign the bottom of Section II;

  - File the white copy, designated Case Copy/DES, in the case record, as verification of the WTP referral;

  - Give the yellow copy, designated Recipient Copy, to the applicant or recipient to be retained for his or her records;

  - Give the pink copy, designated Recipient/DES/Case Record to the applicant or recipient to take to the WTP interview and give to the interviewer; and

  - Send the blue copy, designated DES Copy, to the WTP office via the WTP Data Control Clerk.

If WTP believes that an individual referred as mandatory registrant should be exempt, WTP will state its reasons in writing and request a review. The AFDC worker must review the reasons with the WTP interviewer. The AFDC worker's decision is binding on the WTP, except that if the AFDC worker fails to respond to the request for a review within 30 days, WTP will automatically deregister the individual as exempt.

Section II of the WTP-1 is completed by the WTP interviewer to indicate the disposition of the referral of a mandatory or voluntary registrant. It is not necessary for the AFDC worker to complete the identifying information above this section; it is for use by the WTP interviewer.

WTP must promptly register all mandatory or voluntary registrants when they appear at the WTP office. The WTP interviewer will complete Section III of the blue and pink copy at the time of the interview certifying the registration. The pink copy must be returned to the welfare office within three working days of the registration as verification of the registration.

WTP maintains a file of all referrals. If an applicant or recipient fails to register, WTP will notify you no later than 15 days after the referral date. This notification will be on the blue copy of the WTP-1.

Section IV of the WTP-1 is used to record an AFDC status change and notify WTP of the change (see CAG 4513: AFDC/WTP Interface). It need not be completed at the time of the initial referral.

4513 AFDC-WTP INTERFACE

AFDC workers and WTP workers have a mutual responsibility to notify one another of changes which come to their attention which may affect the operation of either program. Additionally, there are certain functions which are the responsibility of one program worker but rely on the other for information. In these situations, there must be a quick and accurate exchange of information and performance of specified duties.

A. AFDC Worker

The AFDC worker must notify the WTP worker of any changes that affect a WTP registrant's status or availability for employment.

These include:

- an address change;
- cessation of employment;
- start of employment;
- change of jobs;
- change from mandatory to exempt WTP status;
- a situation which may exempt an individual from participation;
- remarriage; and
- cessation of AFDC eligibility.

B. WTP Worker

The WTP worker will notify the AFDC worker of situations which may effect either the WTP registrant's AFDC status or his/her WTP status. These include:

- necessity to make a transportation payment to a WTP participant (see CAG: 4580);
- a calculation must be made to determine potential Net Loss of Income as Good Cause for refusing to accept employment (see CAG: 4556);
- start of employment;
- potential change of WTP registrant status; and
- when it is determined that a sanction must be imposed.

C. WTP-6

Both the AFDC worker and the WTP worker will use the WTP-6 to provide a notice of change. The worker should complete the WTP-6, photo copy it and retain the original in the case record. The photo copy should be sent to the office receiving the notification of change.

4514 CONSEQUENCES OF REFUSAL TO REGISTER FOR WTP

The consequences of a refusal by a non-exempt individual to register for WTP are the following:

- If the individual who refuses to register is the principal earner whose unemployment qualifies the assistance unit for AFDC (see CAG 4074: Deprivation Due to Unemployment) the unit is ineligible for AFDC.

- If the individual who refuses to register is the only dependent child in the assistance unit, the assistance unit is ineligible for AFDC.

- In all other instances, the individual who refuses to register is ineligible and may not be included in the assistance unit.

Case closings and reductions resulting from a refusal to register must be preceded with a 10-day advance notice. See CAG 4730: Case Closings and Reductions With Advance Notice.

4515 TIME LIMITS FOR WTP REGISTRATION

An AFDC applicant who is determined to be a mandatory WTP registrant must register at the WTP site within 4 work days of the completion of both parts of the application form. If the applicant fails to register without Good Cause (see CAG 4555), within 4 work days, he shall be ineligible for assistance until the registration is completed. If the individual who fails to register within 4 work days is the principal earner in an AFDC-UP assistance unit or is the only dependent child in the assistance unit, the entire unit is ineligible until the registration is completed.

An AFDC recipient who is determined to be a mandatory WTP registrant must register at the WTP site within 7 work days of receiving written notification of mandatory status. If the recipient fails to register without Good Cause (see CAG 4555), within 7 work days, (s)he shall be ineligible for assistance until the registration is completed. If the individual who fails to register within 7 work days is the principal earner in an AFDC-UP assistance unit or is the only dependent child in the assistance unit, the entire assistance unit is ineligible until the registration is completed.

Good Cause for failure to register within the specified time limits includes demonstrated serious illness of the applicant or recipient, or of a dependent child in his or her care. Such illness shall be verified by a written statement from a Competent Medical Authority.

4514 PROCESSING THE COMPUTER PREPARED LISTINGS OF AGE SIX AND SIXTEEN ATTAINMENT

BACKGROUND

Each month a listing of cases in which a child has reached age 6 and a listing where any child has reached age 16 are forwarded to local offices. The value of these reports is that they bring to your attention, cases which are highly susceptible to error and they identify specific case maintenance actions which may be necessary.

NECESSARY ACTION

A. Dependent Has Reached Age Six

The case should be reviewed to determine if there is still a child under six in the home requiring care. If there is, no further action is necessary. In situations where the youngest child has reached age six, review the file to determine if the grantee has been properly registered for the WIN program. If the appropriate registration has taken place, and if the pink copy of the WIN-1 is in the case record, no further action is necessary. See CAG 4511: Referring WIN Registrants and Recording WIN Status for instructions in proper referral and registration.

If the grantee has not been registered, initiate contact and take action to follow proper registration procedures. See CSG 3110: Child Turns Age 6 for procedure.

B. Dependent Attains Age Sixteen

Review the file to determine whether current school attendance verification for the child is present in the case record. Information is considered current if it is dated within the previous 90 days. If current verification is present, and there is no reason to believe that the child's status has changed, no further action is necessary. If current verification is not present, follow procedures in CSG 3111: Child Turns Age 16.

4514-2
Exhibit 1

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FMCS2200      FILE DATE 03/31/81          AFDC CHILDREN TURNING 6 IN THE MONTH OF MARCH 81         RUN DATE 03/02/81 PAGE [illegible]
REG        SOCIAL                                                ZIP  S     MNTHLY NO START          ID  EMP G __ AR= [illegible]
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4516 PROCESSING THE COMPUTER PREPARED LISTINGS OF AGE SIX AND SIXTEEN ATTAINMENT

BACKGROUND

Each month a listing of cases in which a child has reached age 6 and a listing where any child has reached age 16 are forwarded to local offices. The value of these reports is that they bring to your attention, cases which are highly susceptible to error and they identify specific case maintenance actions which may be necessary.

NECESSARY ACTION

A. Dependent Has Reached Age Six

The case should be reviewed to determine if there is still a child under six in the home requiring care. If there is, no further action is necessary. In situations where the youngest child has reached age six, review the file to determine if the grantee has been properly registered for the WTP program. If the appropriate registration has taken place, and if the pink copy of the WTP-1 is in the case record, no further action is necessary. See CAG 4512: Referring WTP Registrants and Recording WTP Status for instructions in proper referral and registration.

If the grantee has not been registered, initiate contact and take action to follow proper registration procedures. See CSG 3110: Child Turns Age 6 for procedure.

B. Dependent Attains Age Sixteen

Review the file to determine whether current school attendance verification for the child is present in the case record. Information is considered current if it is dated within the previous 90 days. If current verification is present, and there is no reason to believe that the child's status has changed, no further action is necessary. If current verification is not present, follow procedures in CSG 3111: Child Turns Age 16.

EXHIBIT 1

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4520 WTP EXEMPTIONS

Each person in the assistance unit must register for WTP unless determined to be exempt. The following chart lists the only reasons for WTP exemption and the verifications required to support the exemption status. WTP exempt status must always be verified; if the applicant or recipient cannot provide acceptable verification, (s)he must register for WTP. Unless a temporary illness exemption is claimed, an applicant or recipient has 10 work days in which to provide any required verifications. If a temporary illness exemption is claimed, an applicant or recipient has 30 calendar days to provide the required verifications.

EXEMPTION	VERIFICATION
1) A dependent child under 16 years of age.	Verification of age. Such verification is required to establish AFDC eligiblity; acceptable verification is described in CAG 4011: Dependent Child under 18.
2) A dependent child 16 years of age or over who is a full-time student regularly attending a secondary school or a vocational or technical program designed to lead to gainful employment. The vocational or technical program may not be provided through a college or university.	Verification of age per CAG 4011 and verification of full-time enrollment from a school official.
3) An individual who is 65 years of of age or older.	Verification of age. Acceptable verification of age is described in CAG 4011.
4) An individual who has been determined to be permanently and totally mentally or physically incapacitated.	A written statement from the Massachusetts Rehabilitation Commission, the Veteran's Administration or the Social Security Administration that the individual is permanently and totally physically or mentally incapacitated.

EXEMPTION	VERIFICATION
5) An individual who is temporarily ill or incapacitated and whose illness or incapacity is expected to last 30 days or more.*	Verification of temporary illness or incapacity shall be a Doctor's certification on a form SS-32A that the illness or incapacity is expected to last 30 days or more. The certification must give the reason for the illness or incapacity and its expected duration. The Department may require a second medical opinion if in the opinion of the worker and supervisor it is necessary.
6) A caretaker whose presence is required in the home on a continuous basis to provide care to a physically or mentally impaired member of the household, when no other appropriate member of the household is available to provide such care. An appropriate member of the household is a person 18 or older who is physically and mentally able to care for such person. A household consists of any individual living in the home who is related to the dependent child in one of the ways specified in CAG 4020.	Verification by a competent medical authority of the family member's impairment and need for continuous care.
7) A parent or other grantee-relative of a child under 6 who personally provides full-time care for the child with only brief and infrequent absences from the child.	Verification of the age of the child per CAG 4011. Verification of providing full-time care for the child, with only brief and infrequent absences, shall be a signed statement from the parent or grantee-relative that (s)he is not employed, not attending any educational program and is absent for only brief and infrequent periods.

*Temporary Exemptions

If an individual claims exemption on the basis of temporary illness or incapacity, (s)he must be designated as temporarily exempt for a maximum of 30 days while (s)he secures medical verification. If such verification is not provided within 30 days, the applicant or recipient must register for WTP.

EXEMPTION	VERIFICATION
8) A parent, or other grantee-relative of a dependent child if: a. in an AFDC-UP assistance unit the principal earner is registered for WTP; or b. in a non-AFDC-UP assistance unit, another non-exempt adult relative is registered for WTP; and the individual who is registered has not failed or refused without Good Cause to participate in the program or has not failed or refused without Good Cause to accept and maintain employment.	A copy in the case record of the registration form of the principal earner or other non-exempt adult relative.
9) A person who is working not fewer than an average of 30 hours per week in employment which is which is expected to last a minimum of 30 days. Individuals in seasonal employment may be exempt in any month in which they meet these criteria.	Three wage stubs or a signed and dated statement from the employer which includes hours worked per week and wage paid. In the case of a self-employed person, verification shall be a signed and dated statement from the individual as to hours worked. Earnings shall be verified by appropriate business records.
Self-employed individuals claiming this exemption must demonstrate that they are working not fewer than 30 hours in their place of business and that there is a reasonable expectation that the self-employment will produce reasonable earned income.	Earnings of a self-employed individual shall be considered reasonable if, after deduction of business expenses, they are at least comparable to the minimum wage.
10) A parent who has been convicted of an offense, is under sentence of the court to perform unpaid work or community service; is permitted to live at home while serving the sentence, and who, as a result, is unable to maintain regular full-time employment.	Verification of the parent's status shall be obtained through court records, statements from the probation office and statements from the public service agency supervising the unpaid work or community service.

EXEMPTION	VERIFICATION
11) An individual who is too distant from the nearest WTP activity. Too distant is defined as requiring: 1) 2 hours of round trip travel time, exclusive of the time required to transport family members to a school or place providing care; or 2) when walking is the only available means of transportation and the round trip is more than 2 miles.	A written statement by the individual and a collateral contact with an appropriate transportation official if public transportation is used.
12) A pregnant woman.	Verification of pregnancy; see CAG 4014; Dependent Child Pregnancy.
13) An individual living in an area served by a DPW office in which no WTP site is present.	The following DPW offices are not served by a WTP site: Acton WSO; Adams WSO; Attleboro CSA; Clinton WSO; Framingham CSA; Gloucester WSO, Great Barrington WSO; Greenfield WSO; Marlborough WSO; Milford CSA; Nantucket WSO; Newburyport WSO; Norwood CSA; Oak Bluffs WSO; Palmer WSO; Plymouth CSA; Southbridge CSA; Spencer WSO; Taunton CSA; Waltham CSA; Wareham WSO; Watertown WSO; Woburn CSA;

4521 SCHOOL ATTENDANCE AND WTP EXEMPTIONS

The school attendance requirements for children 16 and over are not the same for WTP exemption as they are for AFDC eligibility. A child who is otherwise eligible for AFDC may not be eligible for a WTP exemption. The following chart summarizes the AFDC eligibility and WTP status of children 16 and over.

AFDC ELIGIBILITY AND WTP STATUS OF DEPENDENTS 16 AND OVER

	Age of Dependent	
Student/Employment Status	16 or 17	18, 19 or 20
I Full-time student	Eligible and WTP exempt	Eligible and WTP exempt
II Part-time student, less than half-time, not full-time employee	Eligible if registered for WTP*	Ineligible
III Half-time student working part-time	Eligible if registered for WTP*	Eligible if registered for WTP*
IV Half-time student precluded from full-time attendance or part-time employment due to physical handicap	Eligible if registered for WTP*	Eligible if registered for WTP*
V Half or part-time student, full-time employee	Eligible if registered for WTP*	Ineligible

The criteria for types of schooling allowed and for distinguishing full-time from part- or half-time school enrollment are given in CAG 4013: Dependent Child 18, 19 or 20. If the criteria in CAG 4013 are not sufficient, a statement from the appropriate school or institution that the child's program is considered to be full-time is sufficient verification of WTP exemption.

* Unless WTP-exempt for reasons other than school attendance; see CAG 4520: WTP Exemptions.

4522 INCAPACITY AND WTP EXEMPTIONS

A parent whose incapacity qualifies as the deprivation factor for purposes of AFDC eligiblity is always WTP-exempt. The verification of his or her incapacity for purposes of AFDC eligiblity (See CAG 4073: Deprivation Due to Incapacity) also serves as verification of his or her WTP exemption status.

If the verification of the incapacity is from the Massachusetts Rehabilitation Commission, the Veteran's Administration or the Social Security Administration and it states that the individual is totally and permanently either physically or mentally disabled, the WTP exemption is incapacity.

If the verification of the incapacity is from a Competent Medical Authority and indicates that the illness or impairment is expected to last 30 days or more, the WTP exemption is temporary illness and both the deprivation factor and the WTP exemption must be reviewed when the verification expires. (For example, if the doctor's statement indicates that the illness will only last for two months, the deprivation factor and WTP status must be reviewed at the end of the two months.)

If the person claiming the medical exemption is the only parent in the home, or not a parent, verification of the condition is needed only to establish the WTP exemption. It is not needed to establish deprivation.

4523 SCHOOL ATTENDANCE AND WIN EXEMPTIONS

The school attendance requirements for children 16 and over are not the same for WIN exemption as they are for AFDC eligibility. A child who is otherwise eligible for AFDC may not be eligible for a WIN exemption. The following chart summarizes the AFDC eligibility and WIN status of children 16 and over.

AFDC ELIGIBILITY AND WIN STATUS OF DEPENDENTS 16 AND OVER

	Age of Dependent	
Student/Employment Status	16 or 17	18, 19 or 20
I Full-time student	Eligible and WIN exempt	Eligible and WIN exempt
II Part-time student, less than half-time, not full-time employee	Eligible if registered for WIN*	Ineligible
III Half-time student working part-time	Eligible if registered for WIN*	Eligible if registered for WIN*
IV Half-time student precluded from full-time attendance or part-time employment due to physical handicap	Eligible if registered for WIN*	Eligible if registered for WIN*
V Half or part-time student, full-time employee	Eligible if registered for WIN*	Ineligible

The criteria for types of schooling allowed and for distinguishing full-time from part- or half-time school enrollment are given in CAG 4013: Dependent Child 18, 19 or 20. If the criteria in CAG 4013 are not sufficient, a statement from the appropriate school or institution that the child's program is considered to be full-time is sufficient verification of WIN exemption.

* Unless WIN-exempt for reasons other than school attendance; see CAG 4520: WIN Exemptions.

4530 SANCTIONS FOR FAILURE TO PARTICIPATE IN WIN

All non-exempt AFDC recipients are required to participate in as well as register for the WIN Program as a condition of AFDC eligibility. The determination that a registrant has failed or refused to participate in WIN is made by DES/WIN. Unless DES/WIN notifies you of such a failure, you can assume that the registrant is participating.

When DES/WIN determines that a mandatory registrant has failed or refused to participate in WIN, the recipient may have to be sanctioned with a loss or termination of AFDC benefits. It is the responsibility of the AFDC worker to implement the sanction once its necessity and length have been determined by DES/WIN. This CAG describes the sanction process.

A. Responsibilities of DES/WIN and SAU/WIN

If there is a question about a registrant's participation in WIN, the first step is conciliation. The DES/WIN counselor must make and effort to bring about a resolution of any disputes concerning WIN participation. The conciliation period may continue for 30 days but may be terminated sooner by DES/WIN if it is apparent that the effort is unsuccessful.

The second step is a notice of intent to deregister. Immediately after the conciliation period has ended, or if the dispute remains unresolved after 30 days, DES/WIN will mail a Notice of Intended Deregistration (DES Form 0699) to the registrant. The notice includes:

- the reasons for the intended deregistration;
- the determined date of first failure or refusal to participate in the WIN Program without good cause, and the consequent length of the sanction period;
- the right to a hearing if the registrant believes the proposed action is incorrect, or the length of the sanction period is incorrect, or both; and
- a warning that deregistration will result in closure of the case or removal of the individual from the assistance unit.

The third step is counseling. Prior to deregistration, SAU will provide a single counseling period of up to 60 days for registrants who have refused to participate without good cause. The purpose of the counseling period is to persuade the registrant to participate in WIN. Counseling may be terminated at any time during the 60-day period at the discretion of the SAU when it becomes apparent that the counseling efforts are unsuccessful. SAU must notify the registrant

Manual Reference: 303.860 and 303.870

of the right to a hearing because of the proposed termination of counseling before the end of the 60-day period. Failure of a registrant to keep two counseling appointments may be considered good cause to terminate counseling. There may be only one counseling period during any single continuous period for WIN registration.

Finally, if the registrant still refuses to participate, DES/WIN will deregister him or her for failure to participate without good cause. This requires the implementation of a sanction, and the DES/WIN worker will notify the AFDC worker of this necessity on Form MA5-97.

B. Responsibilities of the AFDC Worker

When DES/WIN notifies you that a recipient has been deregistered for failure or refusal to participate in the WIN Program without good cause, you must determine and take action to implement the appropriate sanction:

. If the deregistered individual is an unemployed parent, the case must be closed unless the other parent can qualify as a UP.

. If the deregistered individual is the only dependent child, the case must be closed.

. If the deregistered individual is a grantee relative other than and Unemployed Parent, (s)he will be removed from the assistance unit and the remaining assistance is paid in the form of vendor payments, to the extent possible (see CAG 4781: Arranging Plans for Protective Payments).

. In all other instances, the individual will be removed from the assistance unit.

The closing or reduction requires advance notice on a NFL-15; see CAG 5015: Using the NFL-15 and CAG 4730: Case Closings and Reductions with Advance Notice.

C. WIN Re-registration and Restoration of AFDC Benefits

The length of sanction period is determined by DES/WIN, but you should be aware of the rationale for it. Federal regulations specify that the sanction period shall be as long as the period from the date of the first failure or refusal to participate to the date of the notice of intent to deregister from WIN, unless the Notice of Intent to Deregister is not sent within 2 business days after the end of the 30-day conciliation period. In this event, the sanction period is as long as the period from the first refusal or failure to participate in WIN to the last refusal or failure to participate.

The date of first refusal is the date the counseling period terminates.

Once the sanction period is over, an individual who was deregistered from WIN on the basis of a failure or refusal to participate without good cause may again register for WIN and become eligible for AFDC, provided the individual proves to DES/WIN that (s)he is willing to participate in the WIN Program.

If the individual who has been sanctioned requests reregistration with WIN and restoration of AFDC benefits, you must:

- Refer the individual to DES/WIN and note on the upper right-hand corner of the WIN-1 form "Reregistration/Sanction - Off AFDC from (date) to (date) ".
- Increase or restore retoractively the AFDC grant to the end of the sanction period, provided the individual applies for AFDC benefits within five (5) working days of the end of the sanction period. If the individual applies for AFDC more than 5 days after the end of the sanction period, assistance is provided retroactively in the usual manner (see the Policy Manual, Section 302.150: Date Assitance Begins).

Reregistration with WIN is possible for anyone who demonstrates a willingness to participate except those whose previous deregistration came about because of disruptive behavior or criminal or other activities which presented a hazard to staff or others, and there exists no basis for concluding that such behavior will not be repeated.

4555 GOOD CAUSE

The WTP and its related activities impose a number of requirements on AFDC applicants and recipients and WTP registrants and participants, both mandatory and voluntary. If an AFDC applicant or recipient or WTP registrant or participant believes (s)he has a valid reason not to cooperate in a certain situation, (s)he may make a claim of Good Cause. The existence of Good Cause may be determined by the AFDC worker or the WTP worker depending upon the situation under which it is being claimed. This CAG explains the criteria for determining Good Cause and the verifications required and also delineates when Good Cause is determined by the AFDC worker and when it is determined by the WTP worker.

A. AFDC Worker Determines Good Cause

The AFDC worker has the responsibility for determining if a claim of Good Cause is valid if one of the following two situations exist.

- An AFDC applicant who terminated his/her employment or reduced his/her earnings from employment within the 60 days immediately prior to the date of application is ineligible for 60 days following the date employment was terminated or earnings were reduced (See CAG 2211: Obligations of Applicants), unless Good Cause is claimed and is determined by the AFDC Worker to have existed.

- AFDC applicants and recipients who are mandatory WTP registrants must register for WTP within the time frames specified in CAG 4515: Time Limits for Registration. Failure to do so will result in denial or termination of benefits (See CAG 4514: Consequences of Refusal to Register) unless Good Cause is claimed and is determined by the AFDC worker to have existed.

B. WTP Worker Determines Good Cause

The WTP worker has the responsibility for determining if a claim of Good Cause is valid if one of the following three situations exist.

- A mandatory WTP participant who volunteers to participate in a voluntary component must cooperate in that component, including meeting requirements agreed upon in advance between the participant and the sponsor. Failure to meet these requirements, unless Good Cause is claimed and determined by the WTP worker to have existed, will result in the first two instances of non-cooperation in a return to Job Search and in the third instance, in the imposition of sanctions as explained in CAG 4570. If it is necessary for a sanction to be imposed, the WTP worker will notify the AFDC worker.

- A mandatory WTP registrant who is not exempt from participation (see CAG 4560) must participate in WTP unless Good Cause is claimed and determined by the WTP worker to have existed. If Good Cause does not exist, the WTP worker will notify the AFDC worker of the necessity to impose a sanction as specified in CAG 4570.
- A non-mandatory WTP participant who fails to cooperate without Good Cause shall be deregistered for 60 or 180 days depending on whether the non-compliance is a first or subsequent instance. The WTP worker must determine Good Cause. There will be no effect on the AFDC grant if a non-mandatory participant is deregistered. If an individual who was a non-mandatory participant becomes a mandatory registrant during the deregistration period, (s)he must register.

C. Determining Good Cause

This section contains the criteria to be used by the AFDC worker and the WTP worker in determining whether an individual has made a valid claim of Good Cause. To determine the validity of a Good Cause claim, the individual must provide the verifications which are specified. Good cause for failure to register, or for failure to accept an offer of employment, or for terminating employment or for reducing earnings exists only if the employment, offer of employment or WTP activity meets one of the following standards.

Good Cause Claim	Verification
1) The employment or offer of employment is at a wage level below the applicable federal federal minimum wage. This standard does not apply to a WTP activity.	1) A signed and dated statement from the employee or prospective employee, and a collateral contact with the employer.
2) The employment, offer of employment or WTP activity requires travel between the individual's home and the job site or WTP site which exceeds 2 hours in round trip time; or when walking is the only available means of transportation, the round trip time is more than 2 miles. The 2 hour round trip time does not include time necessary to transport family members to a school or place providing care.	2) A signed and dated statement from the individual and a collateral contact with an appropriate transportation official, if public transportation is used. If a collateral contact is used, the worker must write in the case record the name and title of the individual to whom they spoke and the name of the transportation company.

Good Cause Claim	Verification
3) The employment, offer of employment, WTP activity, or other training for employment involves conditions and specific responsibilities that impair the individual's physical or mental health.	3) A written statement signed by a competent medical authority specifying the condition or responsibility and the manner and extent to which it would impair the individual's physical or mental health.
4) The employment, offer of employment, WTP activity, or other training for employment involves conditions that are in violation of applicable health and safety standards.	4) A written statement from the appropriate local, state or federal enforcement agency or board.
5) The employment, offer of employment or WTP work activity does not provide Workmen's Compensation Insurance.	5) A written statement from the employer or the appropriate federal or state agency or board.
6) The employment, offer of employment or WTP work activity is not available due to a termination or lay-off by the employer or due to a reduction by the employer of the number of hours of employment available.	6) A written notice of termination of employment signed and dated by the former employer, or a formal written lay-off notice; or a signed and dated statement from the employer that the number of hours of employment available to the individual has been reduced; or a collateral contact with the employer.
7) The offer of employment was made to a WTP participant and is at a wage level that results in a net loss of income. This exemption applies only to offers of employment, not to employment which is presently held or the employment which may have been held 60 days prior to application.	7) A signed and dated statement from the prospective employer stating the wage to be paid and the average number of hours to be worked. If the wage level is expected to cause the total countable income of the assistance unit to exceed the applicable eligibility standard and the total countable income of the assistance unit minus the Work Related Expenses Deduction and the Dependent Care Deduction (See CAG 4340) would be less than the applicable Need Standard, it shall be considered that the offer of employment would cause a net loss of income. This shall not

Good Cause Claim	Verification
	apply if the parent or grantee relative has refused an offer of State standard child care that would have left the total countable income of the assistance unit, minus the Work Related Expense and Dependent Care Deductions (See CAG 4340) at a level greater than the appropriate Need Standard See CAG 4556 for explanation of the Net Loss of Income calculation.
8) State standard child care is unavailable.	8) A written statement from the local office of the Department of Social Services stating that child care services are unavailable. The applicant or recipient may not refuse a Department referral to a State standard child care facility within a reasonable distance from the participant's home.

4556 NET LOSS OF INCOME AS GOOD CAUSE

A WTP registrant who is offered employment which would result in a Net Loss of Income is considered to have Good Cause for refusing the offer. (See CAG 4555: Good Cause). It is the responsibility of the WTP worker to make the Good Cause determination. However, it is the responsibility of the AFDC worker to calculate if a net loss of income would result from accepting the offer of employment. The WTP worker will provide the wage, hours, and dependent care information necessary to make the determination. The WTP worker is also responsible for obtaining any verification which may be necessary. Form WTP-7 will be used for the calculation. It will be attached to a WTP-6 requesting the calculation. It is very important that all requests for a calculation of potential net loss of income be responded to within 24 hours (not including weekends and holidays). In some instances, the AFDC worker may phone the WTP worker with the result of the calculation. If this is done, the completed WTP-7 must still be returned to the WTP worker so that it may be filed in the WTP case record.

Determination of Net Loss of Income

Net loss of income is considered to exist if:

- The wage level is expected to cause the total countable income of the assistance unit to exceed the appropriate Eligibility Standard (see CAG: 4140); and
- The total countable income of the assistance unit minus the Work-Related Expense deduction and the Dependent Care deduction (see CAG: 4340) would be less than the appropriate Need Standard (see CAG: 4140).

Example:

Mrs. Jones is offered a 40 hour a week job which will pay $3.50/hour. She has two children and her monthly child care expenses are $180 for one child and $100 for the other child.

Eligibility Standard for 3 = $597.30
$3.50 x 40 = $140.00 x 4.333 = $606.62 Monthly Wages

Mrs. Jones potential income exceeds the Eligibility Standard. However, the following calculation shows a net loss of income if she were to take the job.

$606.62	Monthly Wages
- 75.00	Work Related Expense
531.62	
- 260.00	Dependent Care
$271.62	Available Earned Income

Need Standard for 3 = $398.20

Since Mrs. Jones' net income after the Work-Related Expense deduction and the Dependent Care deduction would be less than her current payment grant of $379.20, she would be considered to have Good Cause for not accepting the offer of employment.

In calculating a potential Net Loss of Income, the AFDC worker must take into account any other income which the assistance unit may have, including unearned income and earned income (after the Work-Related Expense deduction, Dependent Care deduction and $30 and one-third Disregard, if appropriate) of any other member of the assistance unit.

If Mrs. Jones received RSDI benefits of $200 monthly, she would not have a Net Loss of Income and would have to accept the offer of employment.

Monthly Wages	$606.62	
	- 75.00	Work-Related Expense
	531.62	
	- 260.00	Dependent Care
	271.62	Available Earned Income
RSDI Benefits	+ 200.00	
	471.62	Available Income

Need Standard for 3 = $398.20

4560 EXEMPTIONS FROM PARTICIPATION IN WTP

Certain individuals who are mandatory WTP registrants may be exempt from participation. It is the responsibility of the WTP worker to exempt a registrant from participation. However, the AFDC worker is responsible for informing the WTP worker, via Form WTP - 6 of any change in an individual's status which may affect that person's mandatory participation in WTP. The chart below describes the situations where an individual is exempt from participation.

A. In the following situations an individual is totally exempt from participation.

	EXEMPTION	VERIFICATION
1)	The registrant is temporarily ill or incapacitated, or has a dependent child who is temporarily ill or incapacitated and the registrant is needed in the home to provide for the child's care.	Doctor's certification that the registrant or a dependent child is temporarily ill or incapacitated. The certification must give the reason for the illness or incapacity and its expected duration.
2)	Engaged in any other employment for 20 hours or more per week in a job paying at least the minimum wage.	Three wage stubs or a signed and dated statement from the employer. The verification must include hours worked per week and the wage paid.
3)	A parent, or other grantee-relative of a child under 6, who is working less than 20 hours a week in a job paying at least the minimum wage.	Three wage stubs or a signed and dated statement from the employer. The verification must include hours worked per week and the wage paid.

B. In the following situations an individual is exempt from participation in the Job Search component.

	EXEMPTION	VERIFICATION
1)	Actively participating in a WTP authorized training activity for not fewer than 20 hours per week.	Signed statement from the activity supervisor that the individual is actively particpating, the number of hours per week and the expected duration of the activity. Such verification shall be acceptable only with respect to activities authorized by the Department.

EXEMPTION	VERIFICATION
2) Participating in an authorized program of full-time vocational or other post secondary education or rehabilitation that is reasonably expected to lead to employment. Evening courses or part-time courses do not qualify for this exemption.	Signed statement from the school's registrar or rehabilitation program director that the individual is participating, the number of hours per week and the expected duration of the program. Such verification shall be acceptable only with respect to schools, institutions and courses of study approved by the Department.
3) Enrolled in a two-year community college program as of 4/12/82. This exemption shall remain in effect until the completion of the program or 4/11/84, whichever comes first. program.	Signed statement from the school's registrar or other official giving the individual's enrollment date, weekly hours of participation and the duration of the program.

4565 FAILURE OF A VOLUNTARY REGISTRANT TO PARTICIPATE IN WTP

An individual who is not a mandatory WTP registrant but who has registered voluntarily will be sanctioned if (s)he fails or refuses to participate without Good Cause. The sanction imposed will be deregistration from WTP for a time period as specified below.

The WTP worker will determine if Good Cause exists (see CAG 4555: Good Cause). If Good Cause does not exist, the individual will be deregistered from WTP for 60 days in the first instance of failure or refusal to cooperate and for 180 days in any subsequent failure or refusal. The WTP worker will notify the AFDC worker of the deregistration, its start date and its length. At the expiration of the deregistration period, the individual may reregister for WTP. If an individual becomes a mandatory registrant during the deregistration period, (s)he must register for WTP.

There is no effect on the AFDC grant as the result of a voluntary participant being deregistered.

4570 SANCTIONS FOR FAILURE OF A MANDATORY REGISTRANT TO PARTICIPATE IN WTP

All AFDC applicants and recipients who are neither exempt from registration (see CAG 4520) nor exempt from participation (see CAG 4560) are required to register and participate in WTP as a condition of AFDC eligibility. The determination that a registrant has failed or refused to participate without Good Cause is made by the WTP worker. The WTP worker will notify the AFDC worker if a mandatory registrant has failed or refused to participate without Good Cause.

When the WTP worker determines that a mandatory registrant has failed or refused without Good Cause to participate in WTP, the recipient must be sanctioned with a loss or termination of AFDC benefits. It is the responsibility of the AFDC worker to implement the sanction once its necessity has been determined by the WTP worker. This CAG describes the sanction process.

A. Responsibilities of the WTP Worker

If it appears that a mandatory WTP registrant is failing or refusing to participate, the WTP worker must first determine if the recipient is involved in a voluntary or mandatory WTP component.

1. Non-Cooperation in a Voluntary Component

A mandatory WTP participant who volunteers to participate in a voluntary component is required to cooperate in that component (Work Experience, Training or Supported Work). Non cooperation is considered to have occurred when:

- A participant's behavior is judged by the sponsor to be detrimental to the safety or productivity of the participant, other participants, or the sponsor;
- A participant has been absent from the assignment without excuse for more than 15% of his or her weekly participation requirement, or more than 6 hours; or
- A participant fails or refuses without Good Cause to meet the requirements agreed upon in advance by the participant and the sponsor.

If it is the participant's first instance of non-cooperation, (s)he shall be removed from the voluntary component and required to return to the mandatory component, a five week Job Search. If it is second instance of non-cooperation in a voluntary component, the participant shall be required to enter a special six week Job Search component. The final week of this component shall be a week of intensive remedial training in job barrier reduction.

If there is a third instance of non-cooperation in a voluntary component, the participant shall be sanctioned according to the sanctions stated below in Failure or Refusal to Participate in the Mandatory Job Search Component.

2. Failure or Refusal to Participate in the Mandatory Job Search Component

A mandatory WTP participant who is not involved in a voluntary component is required to seek, accept and maintain employment. This requirement is met by participation in the Job Search component of WTP. If WTP determines that an individual is failing to participate in Job Search, they must determine if Good Cause exists for the failure to cooperate. Good Cause is determined according to the procedures found in CAG 4555 Good Cause.

If the WTP worker determines that the participant had Good Cause for failure or refusal to participate, no action is required by the AFDC worker. If the WTP worker determines that Good Cause did not exist, it is necessary for a sanction to be imposed. The WTP worker will notify the AFDC worker of this necessity using a WTP-6.

B. Responsibilities of the AFDC Worker

When WTP notifies the AFDC worker that a mandatory registrant has failed or refused to participate in WTP without Good Cause, (s)he must determine the appropriate sanction and the length of that sanction.

1. Sanctions

- If the individual who has failed or refused to cooperate in WTP is the principal earner in an AFDC-UP assistance unit, the entire assistance unit shall be ineligible.
- If the individual who has failed or refused to cooperate in WTP is the only dependent child, the entire assistance unit is ineligible.
- If it is any other individual in the assistance unit who has failed or refused to cooperate in WTP, that individual shall not be included in the assistance unit.

2. Length of Sanctions

- If it is the first finding of failure or refusal to participate without Good Cause, a period of 60 days ineligibility shall result. Ineligibility shall begin on the effective date of the grant reduction or termination.
- Any subsequent finding of failure or refusal to participate without Good Cause, shall result in a period of 180 days ineligibility. Ineligibility shall begin on the effective date of the grant reduction or termination.

After the appropriate sanction and length of sanction have been determined, the recipient must be sent proper advance notice of the reduction or termination using an NFL-15. See CAG 4730: Case Closings and Reductions with Advance Notice. The advance notice must include the following information:

- If a claim of Good Cause for refusal or failure to participate was made and denied, the reason for the denial must be included. The WTP worker will provide this information;
- The name of the individual responsible for the sanction; and
- The length of the sanction.

After you have sent the advance notice, inform WTP using a WTP-6. They will then deregister the individual. See CAG 4571: Appeals Resulting from WTP Sanctions for guidelines on how appeals resulting from the imposition of sanctions will be handled.

C. WTP Re-Registration and Restoration of AFDC Benefits

Once the sanction period is over, the sanctioned individual may request restoration of AFDC benefits or reapply for AFDC. If he is otherwise eligible, the individual must re-register for WTP to restore AFDC eligibility. If the individual is found to be eligible, the grant shall be increased or restored retroactive to the end of the sanction period provided that the individual applies for benefits within 5 working days of the end of the sanction period. If the benefits are requested more than 5 days after the end of the sanction period, assistance is provided retroactively in the usual manner.

4571 APPEALS AS A RESULT OF FAILURE TO MEET WTP REQUIREMENTS

If an applicant's or recipient's assistance is denied, reduced or terminated as a result of a failure or refusal to cooperate with WTP, that individual may appeal the decision and request a fair hearing. An applicant or recipient may not directly appeal his/her mandatory registration status nor may (s)he directly appeal a denial of Good Cause. However, both a determination of mandatory status and a Good Cause denial may be raised as issues in the hearing on the denial, termination, or reduction in benefits.

If the Good Cause denial was made by a WTP worker, (s)he will be present at the Fair Hearing to present the evidence on which the determination was based.

4580 TRANSPORTATION ALLOWANCE

Individuals who are participating in WTP may be provided with a transportation allowance of $2.50 per day. It is the responsibility of the WTP worker to determine if a participant is eligible for the allowance and the amount of the allowance. It is the responsibility of the AFDC worker to make the payment to the WTP participant.

If the WTP worker determines that an individual is eligible for a transportation allowance (s)he will notify the AFDC worker on Form WTP-6 of the amount to be paid.

Transportation allowances will normally be paid every 2 weeks and will be paid in advance. The AFDC worker cannot issue a transportation allowance until a WTP-6 is received indicating that it should be paid.

To authorize a transportation allowance, the AFDC worker should complete a Turnaround Document, making a "K" payment in Section VI.

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- 4720 Notification Requirements
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  - 4723 Table of Manual Citations for Denials, Terminations, Case Closings and Reductions
  - 4724 Table for the Selection of the Appropriate Notification Form Letter
- 4730 Case Closings and Reductions with Advance Notice
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4710 UNREASONABLE FAILURE TO COOPERATE WITH PROGRAM REQUIREMENTS

Unreasonable failure to cooperate with program requirements occurs when:

- the Department has informed the applicant or recipient of the steps required to establish or maintain AFDC eligibility;
- the Department has informed the applicant or recipient of the verifications which must be obtained and how to obtain them or how to get information on how to obtain them; and
- the applicant or recipient does not make a reasonable effort to take the required steps or obtain the required verifications.

Absence of reasonable effort is evident if, among other things:

- the applicant or recipient never attempted to take the required steps;
- never attempted to obtain required verifications;
- did not seek assistance in taking the required steps after having been informed of the availability of assistance;
- did not advise the worker of any difficulties or problems anticipated or encountered in taking required steps or obtaining verifications;
- failed repeatedly to keep appointments with the worker; or,
- made himself or herself unavailable during the period allowed for the Department to reach a decision on an application or act on a request (unless the decision or request never requires the availability of the applicant or recipient).

Manual Reference: 302.310

4720 NOTIFICATION REQUIREMENTS

The Department is required to notify applicant or recipients in writing of any of the following actions:

- an application for AFDC, AFDC-related benefits, or Emergency Assistance is approved or denied;
- there is a change in the grant amount;
- someone is removed from or added to the assistance unit;
- an appeal decision is implemented;
- good cause for refusal to cooperate with CSEU is found or not found;
- a grant is reduced or terminated due to a WIN deregistration;
- a decision is made to recoup an overpayment.

Any notification of an action to reduce or terminate benefits must contain the following:

- a statement of the intended action;
- the reason(s) for the action;
- a citation to the Policy Manual supporting the action;
- an explanation of the right to request a fair hearing; and,
- an explanation of the fact that the grant will be continued at the present amount if the appeal is filed in a timely manner.

The first, fourth, and fifth requirements are always met by using the proper Notification Form Letter (NFL), which has the required information printed on it. You must fill in the blanks to meet the second and third requirements--a statement of the reasons and evidence and the citation to the Policy Manual. The proper manual citations for the most frequently taken actions are found in CAG 4723: Table of Manual Citations.

In order to meet the notification requirements, you must:

- select the proper form letter;
- fill it out correctly; and,
- route it to the person in your CSAO/WSO who is responsible for mailing it on time.

Manual Reference: 302.500

4721 TIME STANDARDS FOR NOTIFICATION

The recipient must be given advance notice of an action to reduce or terminate assistance, unless the situation is one of the exceptions listed below.

Advance notice means that the notice is dated and mailed (not postmarked) at least ten days prior to the "effective date" for changes to the assistance check. The current schedule of "effective dates" in AFDC is given in CAG 4732: Current Case Closing and Reduction Schedule; further instructions on how to meet advance notification requirements are given in CAG 4730: Case Closings and Reductions With Advance Notice.

The situations in which advance notice is not required are listed below. In these situations, the notification requirement is that the notice be mailed on or before the effective date of the action. The earlier it is mailed, of course, the better.

The situations not requiring advance notice are the following:

- there is factual information concerning the death of the grantee-relative, and there is no other relative in the home to serve as a new grantee-relative.
- the Department receives a clear written statement signed by the recipient that (s)he no longer wishes assistance;
- the recipient has been admitted or committed to an institution and (s)he is not eligible for further payments under any category of assistance;
- the recipient has been placed in a skilled nursing home, intermediate care facility, or chronic hospital;
- a recipient's whereabouts are unknown and Department mail directed to that person has been returned by the Postal Service indicating no forwarding address; and
- an AFDC child is removed from the home by a court or is voluntarily placed in foster care by a grantee-relative.

Further instructions for how to meet notification requirements when advance notice is not required are given in CAG 4731: Case Closings and Reductions Without Advance Notice.

4722 LANGUAGE OF NOTIFICATION LETTERS

The Department is required to provide notification to Spanish-speaking applicants or recipients in Spanish. If the AP-1, the front cover of the case record, index cards or other identifying records indicate that Spanish is the applicant or recipient's primary language, you must use a Spanish NFL. All NFLs are available in Spanish. If you do not use a Spanish NFL in notifying an applicant or recipient whom the Department knows or has reason to know is Spanish speaking, the notification requirement is not met.

The Multilingual Unit is now completing a set of Portuguese NFLs. NFLs in other languages will be prepared if there is sufficient need for them. To request consideration of preparing NFLs in languages other than Spanish or Portuguese, or to order Spanish or Portuguese NFLs, contact:

Multilingual Unit
Department of Public Welfare
600 Washington Street
Boston, MA 02111

4723 TABLE OF MANUAL CITATIONS FOR DENIALS, TERMINATIONS AND REDUCTIONS

Closings and Denials

Reason	Manual Citation	TD Closing Code
Failure to cooperate	301.430	40, 41
Failure to sign third party asignment	302.800	42
Failure to investigate or apply for potential resources	302.700	34
Failure of unemployed parent to register with WIN	303.830(C), 303.340(E)	55
Failure of unemployed parent to participate in WIN	303.870(B)	55
Failure to provide SSN	303.600	43
Failure to agree to collateral contact	302.340(C)	40
Failure to provide three wage stubs	304.290(A)	40
Failure to establish relationship	304.310	54
Failure to meet deprivation requirements:		
-continued absence	303.320	53
-incapacity	303.330	37
-unemployment	303.340	21, 22, 53
Failure to meet residency requirement	303.400	48
Excess earned income	304.210, 304.500	21, 22
Excess unearned income	304.210	26, 27, 28, 29
Excess assets	304.110, 304.120	31
Excess support	304.240	24
No eligible dependent child in the home	303.100	47
Pregnancy not established	303.110	54
Whereabouts unknown	303.400	50, 51
Voluntary closure (reason not stated)	302.140(C)	38
Death	302.140(D)	49

Reductions

Reason	Manual Citation
Increase in earned income	304.200, 304.500
Increase in unearned income	304.200, 304.500
Receipt of SSI	304.310(D)
Dependent child 16 or 17 not in school or registered for WIN	303.120
Dependent child 18-20 not in a secondary school in grade 12 or below or or attending a vocational or technical training program	303.130
Dependent child turns 21	303.100
Dependent child now working and does not wish to be included in the assistance unit	304.320
Dependent child now receiving unearned income and no longer wishes to be included in the assistance unit	304.320
Child or adult no longer in the home	303.400
Failure to register with WIN	303.830(C)
Failure to participate in WIN	303.870
Failure to cooperate with CSEU	303.700(B)
Failure to provide SSN or apply for SSN	303.600
Unable to redetermine eligibility of ________________ (failure to cooperate)	301.430
Remarried parent no longer in need	304.330, 304.340
Assistance unit not responsible for shelter and/or utilities (income in-kind)	304.520, 304.220(C)
Case put on protective payments	306.630
Death	302.140(D)

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC WELFARE

CASE CLOSING AND REDUCTION SCHEDULE

APRIL, MAY AND JUNE 1981

		SOCIAL SECURITY NUMBER										
CYCLE		0	1	2	3	4	5	6	7	8	9	
4/1/81	EFFECTIVE DATE	3/26	3/27	3/31	3/31	4/1	4/2	4/3	4/7	4/7	4/8	
	CHECK DATE	4/1	4/2	4/4	4/4	4/7	4/8	4/10	4/11	4/13	4/14	
4/15/81	EFFECTIVE DATE	4/10	4/10	4/14	4/15	4/16	4/16	4/17	4/17	4/22	4/23	
	CHECK DATE	4/16	4/17	4/18	4/20	4/22	4/23	4/25	4/25	4/28	4/29	4/23*
5/1/81	EFFECTIVE DATE	4/24	4/28	4/28	4/29	5/1	5/1	5/5	5/5	5/7	5/8	
	CHECK DATE	5/1	5/2	5/4	5/5	5/7	5/8	5/9	5/11	5/13	5/14	
5/15/81	EFFECTIVE DATE	5/12	5/12	5/13	5/14	5/15	5/19	5/19	5/20	5/21	5/21	
	CHECK DATE	5/16	5/16	5/19	5/20	5/22	5/23	5/23	5/26	5/28	5/29	5/21*
6/1/81	EFFECTIVE DATE	5/22	5/27	5/29	5/29	6/2	6/2	6/4	6/5	6/9	6/9	
	CHECK DATE	6/1	6/2	6/4	6/5	6/6	6/8	6/10	6/11	6/13	6/13	
6/15/81	EFFECTIVE DATE	6/10	6/11	6/12	6/12	6/12	6/16	6/19	6/19	6/23	6/23	
	CHECK DATE	6/16	6/17	6/19	6/20	6/22	6/23	6/25	6/26	6/27	6/29	6/23*
		0	1	2	3	4	5	6	7	8	9	

*Cutoff dates for Food Stamps (category 9) and Medicaid (categories 1,3,5,6,7 and 8)

Reductions

Reason	Manual Citation
Increase in earned income	304.200, 304.500
Increase in unearned income	304.200, 304.500
Unable to redetermine eligibility of	301.430
Protective payments	306.630
Dependent child under 18 not in school or participating in WIN	303.120
Dependent child 18-20 not in school	303.130
Dependent child turns 21	303.100
Receipt of SSI	304.310(D)
Child or adult no longer in the home	303.400
Failure to register with WIN	303.830(C)
Failure to participate in WIN	303.870
Failure to cooperate with CSEU	303.700(B)
Failure to provide SSN for	303.600
Remarried parent no longer in need	304.330, 304.340
Dependent child now working and does not wish to be included in the assistance unit	304.320
Dependent child now receiving unearned income and no longer wishes to be included in the assistance unit	304.320
Assistance unit not responsible for shelter and/or utilities (income-in-kind)	304.520, 304.220(C)

4723 TABLE OF MANUAL CITATIONS FOR DENIALS, TERMINATIONS AND REDUCTIONS

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Failure to agree to collateral contact	302.340(C)	40
Failure to provide five wage stubs	304.290(A)	40
Failure to establish relationship	304.310	54
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- incapacity	303.330	37
- unemployment	303.340	21, 22, 53
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Death	302.140(D)	49

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Dependent child now receiving unearned income and no longer wishes to be included in the assistance unit	304.320
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Failure to participate in WIN	303.870
Failure to cooperate with CSEU	303.700(B)
Failure to provide SSN or apply for SSN for __________	303.600
Unable to redetermine eligibility of ________________ (failure to cooperate)	301.430
Remarried parent no longer in need	304.330, 304.340
Assistance unit not responsible for shelter and/or utilities (income-in-kind)	304.520, 304.220(C)
Case put on protective payments	306.630
Death	302.140(D)

4724 TABLE FOR THE SELECTION OF THE APPROPRIATE NOTIFICATION FORM LETTER

SITUATION	LETTER	TIME REQUIREMENTS FOR NOTIFICATION	INSTRUCTIONS FOUND IN:	ACTIONS APPEALABL
Eligibility of recipient or assistance unit terminated	NFL-1	Mail notice ten days before effective date	CAG 5001	YES
Medical Assistance Application approved	NFL-3	None: Mail as soon as possible	CAG 5003	YES
AFDC application approved	NFL-4	None: Mail as soon as possible	CAG 5004	YES
AFDC application denied	NFL-5	Must be received within 30 days of the application date	CAG 5005	YES
Grant increased	NFL-6	None: Mail as soon as possible	CAG 5006	YES
CSAO/WSO changes	NFL-7	None: Mail as soon as possible	CAG 5007	NO
Medical Assistance application denied	NFL-8	In most cases must be received within 30 days of the application date	CAG 5008	YES
Emergency Assistance requested approved or denied	NFL-9	None: Mail as soon as possible	CAG 5009	YES
Grant Reduced	NFL-10	Mail notice 10 days before effective date	CAG 5010	YES
Grant reduced or terminated Advance notice not required (see CAG 4721)	NFL-11	Mail notice by effective date action takes effect	CAG 5011	YES
Transmit result of fair hearing decision	NFL-12	None: Mail as soon as possible	CAG 5012	See 245 106 CMR 343230
Assistance of deceased recipient terminated	NFL-13	Mail notice by date action takes effect	CAG 5013	YES

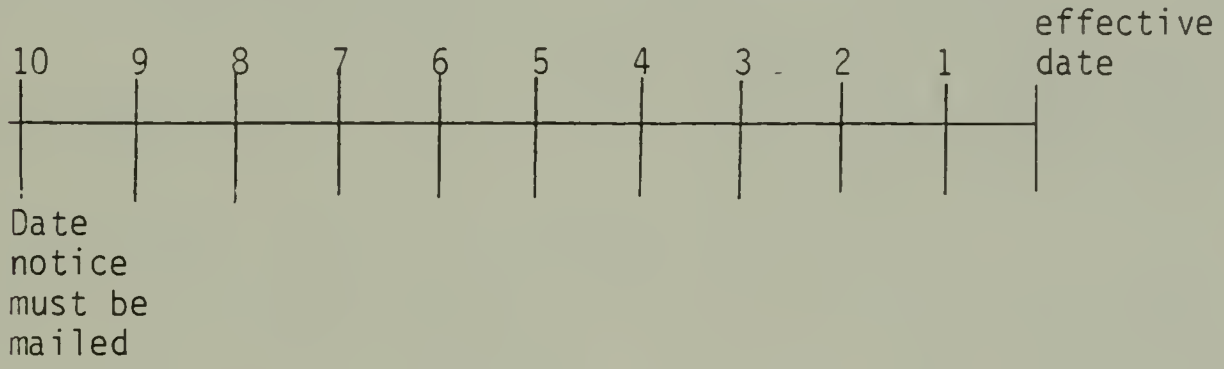
SITUATION	LETTER	TIME REQUIREMENTS FOR NOTIFICATION	INSTRUCTIONS FOUND IN:	ACTIONS APPLEALABLE
Good cause for refusal to cooperate with CSEU found/not found	NFL-14	None: Mail as soon as possible	CAG 5014	YES
ADFC grant reduced/terminated because of WIN deregistration	NFL-15	Mail notice ten days before effective date	CAG 5015	YES
Notification to persons requesting AFDC-related benefits	NFL-16	Give copy to recipient at time of request or mail as soon as possible after telephone request	CAG 5016	N/A
Denial of request for grant increase	NFL-17	None: Mail as soon as possible	CAG 5017	YES

4730 CASE CLOSINGS AND REDUCTIONS WITH ADVANCE NOTICE

The termination of AFDC eligibility or a reduction in the grant amount are adverse actions which require advance notice, or ten days notice to the recipient prior to the effective date of the action. The infrequent exceptions to the requirement of advance notice are described in CAG 4721: Time Standards for Notification.

Ten days notice is considered to have been given if the notice is dated and mailed (not postmarked) by the tenth day preceeding the effective date given in CAG 4732: Case Closing and Reduction Schedule. The effective date is generally 4 and 7 days ahead of the check date, which is keyed to the last digit of the grantee-relative's Social Security number.

Thus, the latest date by which the notice may be mailed is the tenth day before the effective date:



If the notice cannot be mailed at least 10 days before the effective date, the closing or reduction cannot take place until the following payroll cycle. In order to avoid overpayments, therefore, it is important that you act as quickly as possible in processing case closings and reductions that require advance notice.

Procedures for closing a case or reducing a grant when advance notice is required are as follows:

- Complete all entries on the NFL-1, 10, or 15 (see CAG 4724: Table for the Selection of the Appropriate Notification Form Letter), giving a short summary of the reason(s) for the Department's action. Choose the appropriate Manual citation from CAG 4723: Table of Manual Citations.
- Prepare a Turnaround Document to effect the action. (See Appendix II: Using the Turnaround Document.) Do not include on the TD any Recipient Master File changes which are not part of the closing or reduction.

. Enter the appropriate Action Reason (from Block 19 of the TD) in the Action Reason space at the bottom of the NFL.

. Make 3 copies of the completed NFL.

. If appropriate, arrange to terminate or adjust any protective payments to vendors being made on the recipient's behalf.

. Give the TD, the original NFL, and 3 copies to your supervisor for his or her review.

. When your supervisor has approved the action, (s)he or you must send the original NFL and one copy to the recipient, place one copy in the case record, and route another copy and the TD to the Edit Clerk.

. The Edit Clerk batches NFLs and TDs and routes them to the RDCU.

If the recipient files a timely appeal, one copy of the NFL and the TD will be returned to the CSAO/WSO with a letter "A" in the upper right-hand corner. This will suspend the proposed adverse action until a decision on the appeal has been rendered. If for any reason the case closing or reduction took place in spite of the filing of a timely appeal, assistance must be reinstated pending appeal. To do so, you must submit a new TD.

Once the appeal is decided, you must notify the recipient of the result of the appeal on a NFL-12. Regardless of the outcome of the appeal, you must not use any letter other than NFL-12. The appeal decision must be implemented as soon as possible, and within 30 days at the latest. To implement the appeal decision, you will have to prepare and submit a new TD if:

. The recipient filed a timely appeal and the appeal decided in the Department's favor; or

. The recipient appealed, but the appeal was not timely, and the appeal was decided in the recipient's favor.

If a timely appeal was decided in the recipient's favor, or a non-timely appeal was decided in the Department's favor, the closing or reduction need not be adjusted.

4731 CASE CLOSINGS AND REDUCTIONS WITHOUT ADVANCE NOTICE

In the infrequent situations described in CAG 4721: Time Standards for Notification, advance notice is not required for a case closing on reduction. You must, however, give adequate notice. Adequate notice is the proper NFL mailed before the date the check was to have been issued. The check date is given in CAG 4732: Current Case Closing and Reduction Schedule.

In order to effect the closing or reduction by the check date, however, the TD must reach the RDCU by the effective date given in CAG 4732: Current Case Closing and Reduction Schedule. The effective date is generally between 4 and 7 days ahead of the check date, which is keyed to the last digit of the grantee-relative's Social Security number.

Procedures for closing a case or reducing a grant when advance notice is not required are:

- Complete all entries on the NFL-11, giving a short summary of the reasons for the Department action. Choose the appropriate Manual citation from Table 4723: Table of Manual Citations.
- Prepare a TD to effect the action. See Appendix II: Using the Turnaround Document.
- Enter the appropriate Action Reason (from Block 19 of the TD) in the Action Reason space at the bottom of the NFL-11.
- Make 3 copies of the NFL-11.
- If appropriate, arrange to terminate or adjust any protective payments to vendors made on the recipient's behalf.
- Give the TD, the original NFL-11 and the 3 copies to your supervisor for his or her review.
- When your supervisor has approved the action, (s)he or you must send the original NFL and one copy to the recipient, place one copy in the case record, and route the TD and one copy of the NFL-11 to the Edit Clerk.
- The Edit Clerk batches TDs and NFLs and routes them to the RDCU

If the NFL-11 and the TD will not reach the RDCU by the effective date but at least 2 days remain before the check date, you must call the Regional Closing Clerk at the RDCU to request that the check be held.

Be prepared to give the clerk the following information:

- Your CSAO/WSO number;
- The aid category of the case (AFDC)
- SSN of the grantee-relative;
- Name and address (including zip code) of the assistance unit; and,
- Check date.

You must send a confirming written request to the Closing Clerk following each check-pull call.

If the recipient files a timely appeal, you will be notified that assistance must be reinstated to its previous level, retroactive to the date it was terminated or reduced. You can do this by asking the Regional Closing Clerk to mail the recipient a pulled check, if it was not redeposited (call the Regional Clerk to find this out), or by using a TD.

4732

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC WELFARE

CASE CLOSING AND REDUCTION SCHEDULE

July, August, September

CYCLE		SOCIAL SECURITY NUMBER										
		0	1	2	3	4	5	6	7	8	9	
7/1/82	EFFECTIVE DATE	6/25	6/25	6/29	6/29	6/30	7/1	7/2	7/2	7/7	7/8	
	CHECK DATE	7/1	7/2	7/3	7/3	7/7	7/8	7/10	7/10	7/13	7/14	
7/15/82	EFFECTIVE DATE	7/9	7/13	7/13	7/14	7/16	7/16	7/20	7/20	7/22	7/22	7/22*
	CHECK DATE	7/16	7/17	7/19	7/20	7/22	7/23	7/24	7/26	7/28	7/29	
8/1/82	EFFECTIVE DATE	7/27	7/27	7/29	7/30	8/3	8/3	8/4	8/5	8/6	8/6	
	CHECK DATE	7/31	8/2	8/4	8/5	8/7	8/7	8/10	8/11	8/13	8/14	
8/15/82	EFFECTIVE DATE	8/10	8/11	8/13	8/13	8/17	8/17	8/19	8/20	8/20	8/20	8/23*
	CHECK DATE	8/16	8/17	8/19	8/20	8/21	8/23	8/25	8/26	8/28	8/28	
9/1/82	EFFECTIVE DATE	8/26	8/27	8/31	8/31	9/1	9/1	9/3	9/3	9/3	9/8	
	CHECK DATE	9/1	9/2	9/4	9/4	9/7	9/8	9/10	9/11	9/13	9/14	
9/15/82	EFFECTIVE DATE	9/10	9/10	9/14	9/14	9/16	9/17	9/21	9/21	9/22	9/23	9/23*
	CHECK DATE	9/16	9/17	9/18	9/20	9/22	9/23	9/25	9/25	9/28	9/29	
		0	1	2	3	4	5	6	7	8	9	

*Cut off dates for Food Stamps
(Category 9) and Medicaid
(Categories 1,3,5,6,7 and 8)

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4740 APPEALS AND HEARINGS

An applicant or recipient may request a fair hearing on an action taken by the Department by filing an appeal with the Division of Hearings (DOH) within thirty days of the date of the official written notice of the action or decision. An applicant or recipient has more than thirty days to file an appeal in the following circumstances:

- When the Department fails to act on an application, an appeal may be filed up to 120 days from the date of an application;
- When the Department fails to act on a request, an appeal may be filed up to 120 days from the date of the request;
- When the Department fails to send written notice of an action, an appeal may be filed up to 120 days from the date of the action;
- When there is an instance of allegedly "coercive or otherwise improper conduct on the part of certain Department employees" an appeal may be filed up to 120 days from the date of the conduct;
- An appeal may be filed up to one year from the date of the allegedly "coercive or otherwise improper conduct," if the appellant files an affidavit with the Director of the Division of Hearings which states that:
    - he or she did not know of the right to appeal; or
    - he or she reasonably believed that the problem was being resolved administratively; or
    - he or she was justifiably unaware of the conduct in question; and
    - the appeal is made in good faith.

In cases which required advance notice, assistance is continued or not reduced until the hearing decision is rendered if the request for an appeal is received by DOH within the ten-day advance notice period. In cases which do not require advance notice, assistance will be reinstated retroactively if the request is received by DOH within ten days of the date of notification.

If, however, the appeals referee determines that the sole issue is one of the legality of state or federal law, regulations, or policy, or that the appeal is based solely on a change in federal or state law, (s)he will issue an interim order directing the Department to immediately implement the action under appeal.

Manual Reference: 302.600

Assistance that is continued or not reduced while an appeal or decision is pending is subject to recoupment if the referee upholds the Department's action. See CAG 4775: Recoupment.

If while the hearing or decision is pending you receive information that requires an adjustment in the grant amount, you may proceed with the adjustment in the usual manner.

Once the appeal is decided, you must notify the recipient of the result of the appeal on a NFL-12. The appeal decision must be implemented as soon as possible, and within 30 days of the decision at the latest. To implement the decision, you will have to prepare and submit a new TD if:

- The recipient filed a timely appeal and the appeal is decided in the Department's favor; or
- The recipient appealed, but the appeal was not timely, and the appeal was decided in the recipient's favor.

If a timely appeal was decided in the recipient's favor, or a non-timely appeal was decided in the Department's favor, the closing or reduction need not be adjusted.

4741 RIGHTS OF RECIPIENTS AND DEPARTMENT EMPLOYEES AT FAIR HEARINGS

The fair hearing will be conducted before, and the decision rendered by, an impartial referee who is an employee of the Division of Hearings. The decision of the referee is binding upon all employees of the Department. The major rules that govern the conduct of a fair hearing are as follows:

- No one may attempt to interfere with or influence DOH or the referee, or with the implementation of the decision;
- The appellant has a right to be represented by a person authorized by him or her, at his or her own expense;
- The appellant has the right to present witnesses, examine his or her case record prior to the hearing, and introduce evidence from it, and examine and introduce any other pertinent Department documents;
- The appellant has the right to present all relevant facts and circumstances through oral testimony and submission of documentary evidence;
- The appellant has the right to advance any pertinent arguments without interference;
- The appellant has the right to question or refute any testimony, and cross-examine adverse witnesses;
- The Department has the same rights as the appellant.

If an allegation of coercive or improper conduct has been made against you, you have the right to:

- be assisted by an authorized representative at your own expense;
- bring witnesses;
- have DOH subpoena witnesses for you, upon your request;
- present and establish relevant facts by oral testimony and documentary evidence;
- advance pertinent arguments without interference;
- question or refute any testimony;
- confront and cross-examine adverse witnesses; and
- examine and introduce any pertinent evidence, including material from the case record.

4750 TIME STANDARDS FOR DEPARTMENT ACTION AND RECIPIENT VERIFICATION

The delivery of the following benefits is governed by specific time standards mandated in the *Cornelius* consent decree:

- Emergency Assistance benefits;
- Advances on replacement checks;
- Replacement of lost and stolen checks;
- Temporary Medicaid ID cards;
- Prior authorization of medical transportation;
- Changes in address;
- Grant increases;
- Manually-calculated quarterly payments;
- Other AFDC-related benefits such as non-WIN training expenses and payments for cribs and layettes.

The time standards for Department action and recipient verification for each benefit are summaried in CAG 4751: *Table of Time Standards for Department Action and Recipient Verification*. The specific requirements for each benefit are also described below. In general, however, the following rules apply whenever a recipient requests one of the benefits specified above:

- A request for a benefit may be made orally or in writing by an applicant or recipient or by a person acting on his or her behalf. The request, whether oral or written, must be recorded or documented in the case record.
- You must notify the recipient in writing when (s)he requests a benefit of the specific verifications required to support the request, and that the Department's time standard for providing the benefit will be extended by the number of days, if any, that an applicant or recipient is late in providing verification. If the recipient's request is mailed, your notification must be mailed within 3 days of your receipt of the request. If the recipient's request is made on the telephone, you must inform him or her of these requirements over the telephone, and follow the discussion up with a written notice within 3 days.
- If the recipient provides the required verification within the specified number of days, you must meet the specific time standard for Department action. The time standard, however, is a *maximum*; you should try to provide the benefit to an eligible recipient as soon as possible.

Manual Reference: 301.500

- The allowable time periods for providing benefits to eligible recipients are extended by the number of days that a recipient is late in providing verification. Any delay must be recorded in the case record.

- Where an applicant or recipient is late in providing required verifications, but does so within 30 days of being notified of the requirements, the request must be processed. If verification has not been provided by the end of 30 days after it was requested, or if verification provided establishes that the applicant or recipient is not eligible for the benefit, the benefit must be denied. The applicant or recipient retains the right to reapply.

- Benefit delivery time is counted in consecutive calendar days beginning on the day after request for the benefit, and includes the day when the benefit is provided, or a voucher is issued, or a third party is authorized to provide the benefit. Issuance of temporary Medicaid ID cards is measured in working days.

A. Time Standards for Advances on Replacement Checks

When a recipient requests a voucher for shelter or food as an advance on a replacement check, you must use Notification Form Letter-16 (see CAG 5016: Using the NFL-16).

No verification is required from the recipient, so you must always issue the voucher(s) within 7 calendar days if the check has not been cashed, and 14 calendar days if the check has been cashed.

You should issue the voucher before the 7th or 14th day if necessary to avoid any serious and imminent risk to the recipient's health or safety.

B. Time Standard for Replacement of Lost and Stolen Checks

When a recipient request the replacement of a lost or stolen check, you must use Notification Form Letter-16 (see CAG 5016: Using NFL-16).

If the check has not been cashed, you must act so that the replacement may be issued within 14 calendar days of the date the recipient signs Form FCB-1, Statement of Loss. See CSG 3420: Check is Reported Lost or Stolen for the procedures to follow in authorizing a replacement check.

If the check has been cashed, the standard is 28 days.

C. Time Standard for Issuance of Temporary Medicaid ID Card

The Temporary Medicaid ID Card (ID-1) must be provided the working day following the working day on which the required verifications, if any, are submitted.

D. Time Standard for Prior Authorization of Medical Transportation

The prior approval form must be issued within 7 calendar days following the working day on which the required verifications, if any, are submitted.

E. Time Standard for Address Change

Changes of address must be entered on the Recipient Master File within 14 calendar days of the date of request if no verification is required, and 6 calendar days after the date verification is submitted, if it is required.

F. Time Standard for Grant Increase

The grant increase must be entered on the Recipient Master File within 9 calendar days of the submission of the required verification.

G. Time Standard for Other AFDC-Related Benefits

All other AFDC-related benefits, except Emergency Assistance, must be provided within 19 calendar days after the day on which the required verifications are submitted.

4751: TABLE OF TIME STANDARDS FOR DEPARTMENT ACTION AND RECIPIENT VERIFICATION

BENEFITS	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT BENEFIT DELIVERY TIME (IF VERIFICATION IS TIMELY) FROM DATE OF REQUEST FOR BENEFITS	MANUAL AND HANDBOOK REFERENCES
Vouchers 1. Emergency Assistance	Varies by Benefit	Varies by Benefit	Policy Manual: Chapter 309
2. Advances on Lost and Stolen Check Replacement:			Policy Manual: 306.530
Uncashed Checks	N/A	7 calendar days (to issuance of voucher)	Handbook: CSG 3420 CSG 4811
Cashed Checks		14 calendar days (to issuance of voucher)	
Replacement of Lost and Stolen Checks:			Policy Manual: 306.520
Uncashed Checks	N/A	12 calendar days (to issuance of voucher)	Handbook CSG 3420
Cashed Checks		26 calendar days (to issuance of voucher)	
Issuance of Temporary Medicaid ID Card	next working day	next working day (to issuance of card)	Manual 302.130 (F) Handbook: CAG 4812
Prior Authorization for Medical Transportation	next working day	7 calendar days (to issuance of prior approval form)	Manual: 305.140 Handbook CAG 4817
Case Maintenance 1. Change of Address	8 calendar days if verification is necessary (see 306.410)	14 calendar days (to entry on file)	Manual: 302.400 Handbook: CAG 3411
2. Increase in Grant	10 calendar days	19 calendar days (to entry on file)	Manual: 302.400 Handbook: CAG 4760, 4761
Other AFDC-Related Benefits	26 calendar days	45 calendar days	Manual: Ch. 305 Handbook: CAGs 4813, 4814, 4815, 4816

4752 MONITORING OF TIME STANDARDS

The Cornelius Consent Decree, in addition to setting time standards for Department actions, requires that the Department monitor its adherence to these time standards. To do this it is necessary to collect four dates related to provision of the requested service. These dates are: 1. Date of Request; 2. Date of Notification; 3. Date of Verification; 4. Date Service Provided. It is also necessary to identify the service being provided by a Service Code. An explanation of these five elements is given below.

- Service Code - This code identifies the specific service being provided.

- Date of Request - This is the date the recipient makes a request for a service. The request may be made orally or in writing. It may be made in person, by phone or by mail. A request may be made to any of the following individuals: the Financial Assistance Worker assigned to the case, the Financial Assistance Supervisor of the worker assigned to the case, the Financial Assistance Worker on Duty, the Assistant Director for Assistance Payments or the Director.

- Date of Notification - This is the date that the Department gives the recipient written notification of any required verifications and the time frames for providing the verifications. This notification must be given immediately if the request is made in person. If the request is made by phone or mail the notification must be sent immediately and in no case any later than 3 calendar days.

- Date of Verification - This is the date the recipient submits all verifications which are required before a service may be provided.

- Date Service Provided - This is the date the Department provides the service. For services provided via the PA33A, it is the date the supervisor signs the PA-33A. For services provided via the TD, it is the date the RDCU validates that the information has been key entered on the Recipient Master File (RMF).

For those services which are provided via either a Turnaround Document (TD) or a PA-33A, the information necessary for monitoring will be collected on the provider document itself. This will be done through use of the Data Collection Stamp (sample below).

SERVICE CODE	DATE OF REQUEST	DATE OF NOTIFICATION
	/ /	/ /
	DATE OF VERIFICATION	DATE SERVICE PROVIDED
	/ /	/ /

A supply of these stamps will be available in each unit. When you provide an EA service, an advance on a lost or stolen check, an increase in grant, a change of address or a layette payment you must stamp the TD or PA-33A and provide the information according to the instructions in this CAG. The information collected by this system will be used to provide monitoring reports to the court demonstrating the timeliness of the provision of AP services.

The general procedures for assuring the collection of the information necessary to provide the monitoring report to the court are given in this CAG. Specific verifications required for each service are given in the CAG or CSG relating to the service requested. Time frames for the services are found in CAG 4751 Table of Time Standards for Department Action and Recipient Verification and CAG 6210 Emergencies, Verifications, Time Standards and Benefits. All requests should be processed within these time frames.

RESPONDING TO A REQUEST

A request for any service for which the recipient is required to provide verification must be responded to in writing immediately. The NFL-16 or NFL-18 is used to inform the recipient of the necessary verifications and the time frames for providing the verifications. If a request is made by phone or by mail, the notification must be mailed immediately and in no case any later than 3 calendar days after receipt of the request. If the request is made in person the notification must be given immediately. The supervisor or designee will maintain a tickler file of all pending NFL-16's and 18's.

If provision of a requested service does not require the recipient to provide any verification, or if the recipient provides all required verifications at the time of the request, it is not necessary to complete either the NFL-16 or NFL-18. The date the request is received must be recorded in the case record. The service must be provided within the appropriate Department service delivery time. In these situations, the Date of Request, Date of Notification and Date of Verification on the Data Collection Stamp are all the Date of Request.

REQUESTS FOR EMERGENCY ASSISTANCE, OR ADVANCE ON REPLACMENT OF LOST OR STOLEN CHECK

If a recipient requests a monitored service which is provided via the PA-33A (Emergency Assistance or advance on replacement of lost or stolen check) the following procedures are to be used. Note: EA moving expenses are provided via the TD. See "Responding to a Request for a Change of Address, An Increase in Grant, an EA Moving Expense or a Layette Payment" for procedures.

Step 1: Record the date of the request. Inform the recipient of any necessary verification and time frames for providing the verification. Complete three copies of the NFL-16 or NFL-18 and distribute as follows:

- one copy to the recipient;
- one copy to the supervisor or designee;
- one copy in the case record.

If the recipient returns with verifications within 30 days of the Date of Notification, go to Step 3.

If the recipient does not return with verifications within 30 days of the Date of Notification, go to Step 2.

If no verification is necessary, or if verification is provided at the time of request, determine whether or not the recipient is eligible for the requested service. If the recipient is eligible, go to Step 4. If the recipient is not eligible, go to Step 6.

Step 2: If the recipient does not return with verifications within 30 days of the Date of Notification, the request must be denied (manual citation is 301.520 (D)). The supervisor or designee will notify you of any request that has been pending for 27 days. If on the 30th day after Date of Notification the request is still pending, it must be denied. To deny the request complete 4 copies of the NFL-9 and distribute as follows:

- two copies to the recipient;
- one copy to the supervisor or designee;
- one copy in the case record.

The recipient retains the right to request the denied service again at any time.

Step 3: Note on the case record copy of the NFL-16 or NFL-18 the date the last verification is provided. Determine whether or not the recipient is eligible. If the recipient is eligible go to Step 4. If the recipient is not eligible, go to Step 6.

NOTE: The Department service delivery time for the benefit(s) requested is extended by the number of days the recipient is late in providing the required verification(s). In instances where the recipient provides the verification in less time than the standard requires, the Department still has the full amount of time listed in the Department Service Delivery Time Standard to process the request.

Step 4: If the recipient is eligible, obtain a PA-33A from the transmittal clerk. Stamp the PA-33A with the Data Collection Stamp in the space indicated on the attached sample. Complete Data Collection Stamp with appropriate Service Code, Date of Request, Date of Notification, and Date of Verification. When the supervisor signs the PA-33A (s)he will also complete the final block, Date Service Provided. The dates entered must be legible for key entry purposes. Complete the PA-33A in accordance with the procedures found in CAG 4780 and 6208 Authorizing Vendor Payments. Go to Step 5.

Step 5: Complete 4 copies of the NFL-9 notifying the recipient that the request has been approved and distribute as follows:

- two copies to the recipient;

- one copy to the supervisor or designee;

- one copy in the case record.

Step 6: If the recipient is not eligible, deny the request. Complete 4 copies of the NFL-9 and distribute as follows:

- two copies to the recipient;

- one copy to the supervisor or designee;

- one copy in the case record.

RESPONDING TO A REQUEST FOR A CHANGE OF ADDRESS, AN INCREASE IN GRANT, AN EA MOVING EXPENSE OR A LAYETTE PAYMENT

If a recipient requests a change of address, an increase in grant, EA moving expenses or a layette, which are provided via the TD, similar procedures must be followed. It should be noted that a recipient may not always ask directly for an increase in grant but rather will present a situation which results in an increase in grant (a new dependent, decrease or termination of earned or unearned income, etc.). In any situation which may potentially result in an increase in grant, you must follow the procedures outlined below.

Step 1: Record the date of the request. Inform the recipient of any necessary verifications and time frames for providing the verification. Complete 3 copies of the NFL-18 or NFL-16 and distribute as follows:

- one copy to the recipient;

- one copy to the supervisor or designee;

- one copy in the case record.

If the recipient returns with verifications within 30 days of the Date of Notification (or 45 days if request was for a layette) go to Step 3.

If the recipient does not return with verifications within 30 days of the Date of Notification (or 45 days if request was for a layette) go to Step 2.

If no verification is necessary, or if verification is provided at the time of request, determine whether or not the recipient is eligible for the requested service. If the recipient is eligible, go to Step 4. If the recipient is not eligible, go to Step 6.

Step 2: If the recipient does not return with verifications within 30 days of the Date of Notification (or 45 days if request was for a layette), the request must be denied (106 CMR 301.520(D)). The supervisor or designee will notify you of any request that has been pending for 27 days (or 41 days if request was for a layette). If on the 30th (or 45th) day the request is still pending, it must be denied. To deny the request

- two copies to the recipient;
- one copy to the supervisor or designee;
- one copy in the case record.

The recipient retains the right to request the denied service again at any time.

Step 3: Note on the case record copy of the MFL-16 or MFL-18 the date the last verification is provided. Determine whether or not the recipient is eligible for the requested service. If the recipient is eligible, go to Step 4. If the recipient is not eligible, go to Step 6.

NOTE: The Department service delivery time for the benefit(s) requested is extended by the number of days the recipient is late in providing the required verification(s). In instances where the recipient provides verification in less time than the recipient standard requires, the Department still has the full amount of time listed in the Department Service Delivery Time Standard to process the request.

Step 4: If the recipient is eligible use a preprinted TD, if available, to provide the service. If a preprinted TD is not available, use a blank TD. Stamp the TD with the Data Collection Stamp in the space indicated on the attached sample. Complete Data Collection Stamp with appropriate Service Code, Date of Request, Date of Notification and Date of Verification. The dates entered must be legible for key entry purposes. When the information is key entered on the Recipient Master File, the RDCU will provide the Date of Service Provided. Complete the TD in accordance with standard procedures for completion of that document. Go to Step 5.

NOTE: If you are providing more than one monitored service on a TD, you must use a separate Data Collection Stamp for each service. It is possible to fit three data collection stamps on the TD.

Step 5: The recipient must be notified that a request for an increase in grant or EA moving expenses has been approved. If the service provided is an increase in grant, complete 4 copies of the MFL-6. If the service provided is an EA moving expense, complete 4 copies of the MFL-9. Distribute as follows:

- two copies to the recipient;
- one copy to the supervisor or designee;
- one copy in the case record.

NOTE: It is not necessary to notify the recipient that a change of address or layette payment has been processed.

Step 6: If the recipient is not eligible for the requested service, deny the request. If the request was for a change of address, a layette or EA moving expenses, complete 4 copies of NFL-9. If the request was for an increase in grant, complete 4 copies of either the NFL-10, the NFL-1, the NFL-11 or the NFL-9 as appropriate.

Distribute as follows:

- two copies to the recipient;
- one copy to the supervisor or designee;
- one copy in the case record.

SPECIAL SITUATIONS

In some situations, particularly a request for a change of address, a recipient may request a benefit in advance of need. If this occurs, and the deadline for Department action falls before the date the benefit is needed, then the action on the request is deferred until, but not beyond, the date the benefit is needed. To identify these situations for monitoring purposes, you must use the Service Code for the service being provided followed by the letter "A". For example: a request for a change of address is made November 1st, but the recipient is not moving until December 15. You would use code "23A" to identify this service. You should follow all other procedures and monitoring instructions relating to the service you are providing. The data block should be completed with the actual Date of Request, Date of Notification, Date of Verification and Date Service Provided.

SERVICE CODES

The service codes which identify the specific services being provided are given in this section. The correct code should be entered on the first block of the Data Collection Stamp.

Service Code	Service	Allowed Client Verification Time (Calendar Days)	Allowed Service Delivery Time (Calendar Days)
01	Issuance of voucher for emergency shelter	2	7
10	Issuance of voucher for shelter payments due to threatened eviction or foreclosure	4	7

Service Code	Service	Allowed Client Verification Time (Calendar Days)	Allowed Service Delivery Time (Calendar Days)
11	Issuance of voucher for fuel and utility payments	4	7
12	Issuance of voucher for furniture, household equipment and supplies, food and clothing	4	7
13	Issuance of voucher for repair or replacement ofinoperative refrigerator, stove or heater	4	7
20	Issuance of voucher for repair or replacement of defective refrigerator, stove or heater	8	14
21	Issuance of voucher for storage cost up to 30 days	8	14
22	Issuance of voucher for home repairs under $500	8	14
23	Entry on file of change of address in AFDC cases	8	14
30	Entry on file of increase in grant in AFDC cases	10	19
40	Issuance of voucher for home repairs over $500	12	21
41	Issuance of voucher or check for EA moving expenses	12	21
42	Issuance of voucher for security deposits	12	21
43	Issuance of voucher for SSI moving expenses	12	21
44	Issuance of voucher for advance rent	12	21

Service Code	Service	Allowed Client Verification Time (Calendar Days)	Allowed Service Delivery Time (Calendar Days)
45	Issuance of voucher for deodorization of furniture or dry cleaning of clothes	12	21
46	Issuance of voucher for purchase of refrigerator or stove	12	21
60	Issuance of voucher for food and shelter including rent, fuel and utilities as an advance on a replacement of a lost or stolen check	N/A	7
61	Issuance of second voucher for food and shelter including rent, fuel and utilities as a second advance when the previously reported lost or stolen check has been cashed	N/A	14
70	Entry on file of layette payment	26	45
--A	Special Situations: benefit requested in advance of need		

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE
AUTHORIZATION AND CLAIM FOR NON-MEDICAL SERVICES

0016582

ate Tax Exempt. Cert. #E04-60-02-284

PROVIDER INFORMATION			RECIPIENT INFORMATION			
ame (Last Name First)			Name			
ddress			Address			
ty or Town	State	Zip	City or Town		State	Zip
ocedure Code			Reg	WSO	Cat	Cardholder Number (SSN)

pproval is given for the following service or item for the above named person:

SERVICE CODE	DATE OF REQUEST	DATE OF NOTIFICATION
	/ /	/ /
	DATE OF VERIFICATION	DATE SERVICE PROVIDED
	/ /	/ /

an amount not to exceed (write out) $

gned (Soc. Wkr.) Date

(Supervisor)

CLAIM FOR PAYMENT (For Vendor use; Vendor should accept only original)

Dates of Service	
First	Last

Amount of Charge

Signature of Recipient

Signature of Vendor

FOR WELFARE DEPT. USE ONLY

Date of Receipt	Disall Code	Amount to be Paid

Procedure Code

ecked by

WELFARE EDP

Rev 1
PA 13A 250M [illegible]

COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE

AUTHORIZATION FOR GRANT, MEDICAL AND FOOD STAMP ASSISTANCE

PREPARED	PAGE NO
	OF
AUTH NO	UNIT
989284	

ADDITIONAL CASE DATA

CURRENT DATA

DATE OF LAST REVIEW		LAST TRANS		LAST EMERG ASSIST	ISSUED FOR ADI
AP/MA	FS	DATE	WRK		
GRANT START	OASDI	RRA/OTHER			

I SECTION COMPLETE BLOCKS 1 7

PREPARED MM DD YY	REG	SERVICE OFFICE	CAT	SOCIAL SECURITY NO	NAME CHK	WORKER NO
/ /						

II SECTION

TYPE ENTRY (CIRCLE ONE) N NEW CASE NAME OR D ADDRESS	CASE NAME	STREET	CITY	STATE	ZIP CODE

PRIOR DATA

GRANT	GRANT START	MEDICAL START	CASE CLOSING

III SECTION

TYPE OF ENTRY (CIRCLE ONE)	ST	SEX	DATE OF BIRTH	MEDICAL START DATE	START/CLOSE/ REVIEW DATE	ACTION REASON	GRANT ELIG	ELIG DEPS	RACE	GROUP CODE	NO PAYMTS	AMOUNT OF MONTHLY PAYMENT
N NEW CASE												
E CHANGES			/ /	/ /	/ /							

N NOTICE OF REVIEW	NET/RECUR/DEDUCT INC AMOUNT	CD	RESOURCE AMOUNT	CD	MEDICARE/S.S. CLAIM ACCOUNT NO	HLTH INS. CDE	BUY IN	CASE ASSIGN NO	NON EMPL
	:		:		— — —				

REO	WSO	CAT	SOCIAL SECURITY NO

IV SECTION FOOD STAMP PROGRAM

TYPE ENTRY (CIRCLE ONE)	ST	START/ CLOSE	REAS	HH	BONUS VALUE	INCOME EARNED	INCOME OTHER UNEARN	EXPENSES CHILD CARE	EXPENSES SHELTER	EXPENSES UTILITIES	CO	CERTIFICATION PERIOD BEGIN	CERTIFICATION PERIOD END		ADDITIONAL ATPS TYPE	AMOUNT	ATP NO	REAS	PYMT
S NEW/REOPEN																			
I CHANGE		/ /			.	:	:	:	:	:		/ /	/ /	V					

V SECTION COMPLETE ONE LINE FOR EACH DEPENDENT (USE ADDITIONAL FORMS IF NEEDED)

TYPE OF ENTRY	DEP NO	DEPENDENT NAME LAST FIRST INITL	SOCIAL SECURITY NO	DATE OF BIRTH	SEX	RACE	PA ST	PA START/ CLOSE	PA REAS	FOOD STAMPS ST	FOOD STAMPS START/ CLOSE	FOOD STAMPS REAS	HH
C F				/ /				/ /			/ /		
C F				/ /				/ /			/ /		
C F				/ /				/ /			/ /		
C F				/ /				/ /			/ /		
C F				/ /				/ /			/ /		
C F				/ /				/ /			/ /		

SERVICE CODE	DATE OF REQUEST	DATE OF NOTIFICATION
	/ /	/ /
	DATE OF VERIFICATION	DATE SERVICE PROVIDED
	/ /	/ /

SERVICE CODE	DATE OF REQUEST	DATE OF NOTIFICATION
	/ /	/ /
	DATE OF VERIFICATION	DATE SERVICE PROVIDED
	/ /	/ /

SERVICE CODE	DATE OF REQUEST	DATE OF NOTIFICATION
	/ /	/ /
	DATE OF VERIFICATION	DATE SERVICE PROVIDED
	/ /	/ /

VI SECTION COMPLETE FOR CHANGES IN AMOUNT OF PAYMENTS OR ADDITIONAL GRANTS . TRANSFERS OR SOCIAL SECURITY

TYPE OF ENTRY	AMOUNT	DATE OF PAYMENT	PREVIOUS MONTHLY PAYMENT	NEW REO	NEW WSO	SOCIAL SECURITY NO CHANGE		ADDITIONAL PAYMENTS ONLY TYPE	AMOUNT	DATE	TYPE	AMOUNT
	:	/ /	:			— —			:	/ /		:

REMARKS

SOCIAL WORKER'S SIGNATURE ______ DATE ______

SUPERVISOR'S SIGNATURE ______ DATE ______

RDCU COPY

4760 START DATE FOR GRANT INCREASES DUE TO CHANGES IN INCOME

The start date for any grant increase that results from a decrease in or loss of income is the date such a change takes effect. Earned income is usually paid after the week of employment; therefore the start date for a grant increase that results from the loss of earnings is the day immediately following the receipt of the last paycheck. The start date for an increase that results from a decrease in earnings is the first day of the new employment status.

Unearned income is usually paid prospectively, that is, at the start of the period it is intended to cover. Therefore, the start date for a grant increase that results from the loss of or reduction in unearned income is the first day after the end of the period for which the income was made available. For example, if a recipient receives his or her last Social Security check on October 3 for the month of October, the start date for the AFDC increase is November 1. Information on the period covered by unearned income can be verified by an award letter from the appropriate agency.

4761 START DATE FOR GRANT INCREASES DUE TO CHANGES IN THE COMPOSITION OF THE ASSISTANCE UNIT

If the change in the composition of the assistance unit is the birth of a child, the start date for the increase is the date of the child's birth or the date the recipient requests the increase, whichever is later.

The start date for grant increases resulting from any other change in the assistance unit's composition is the date the composition changes (for example, the date a child returns home) or the date the recipient requests the increase, whichever is later.

PART IV

CASE ACTION GUIDES

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4771 UNDERPAYMENTS

An underpayment occurs when an assistance unit receives less than the full amount for which it was eligible. Underpayments may result from:

. a decrease in income;

. an arithmetic or payment system error in the calculation or payment of the grant.

Underpayments resulting from a decrease in income may be corrected for the period of time for which the recipient can verify the underpayment.

Underpayments resulting from Department calculation or payment errors should be corrected in total, for up to the 12 months preceding the month in which the underpayment is discovered. This means that if you discover an underpayment in December, for example, the underpayment can be corrected for the 13-month period starting in November of the prior year and ending in December of the current year. Correction of such underpayments does not require verification by the recipient.

See CAG 4772: Correcting Underpayments for instructions on determining the amount of the underpayment and the method of correction.

Manual Reference: 304.200 and 306.210

4772 CORRECTING UNDERPAYMENTS

A. Method of Correction

Underpayments that result from a change in income may be related to:

- a permanent change in income (see CAG 4332: Changes in Employment Status); or
- a temporary change in income.

Normally underpayments of the first variety are automatically corrected by setting a retroactive start date for the increase (see CAG 4760: Start Date for Grant Increases Due to Changes in Income) and no special payments are necessary. If the duration of the underpayment is such that this is not possible, the underpayment should be corrected by authorizing a "Q" payment for the amount of the underpayment verified by the recipient.

Underpayments that result from a temporary change in income (such as a recipient being sick without pay for a few days) can only be corrected by a special "Q" payment, since such changes will not result in a permanent new grant level.

Underpayments that result from Department error may be corrected either by setting a retroactive start date for the increase or by authorizing a "Q" payment. The choice of the method depends on the duration of the underpayment.

B. Determining the Amount of an Underpayment

In the case of an underpayment resulting from a temporary change in income, the amount of the underpayment is determined as follows:

- Use the recipient's three paystubs from the month in which the underpayment occurred to compute monthly earnings in that month. See CAG 4330: Verification of Earned Income.
- Calculate the amount of the grant based on these earnings; see CAG 4400: Calculating the Grant Amount.
- Compare this to the grant actually received in the month in question. The difference between the two figures is the amount of the underpayment.

In all other cases, the amount of the underpayment is determined as follows:

- Calculate average monthly income in the months in which the underpayment occurred.
- Recalculate the grant based on this income; see CAG 4400: Calculating the Grant Amount.

- Multiply this figure times the number of months for which the underpayment occurred.

- Compare the resulting figure to the actual amount of assistance received in the same months. The difference between the two figures is the amount of the underpayment.

4773 OVERPAYMENTS

An overpayment is a payment to a recipient in excess of the amount to which (s)he is actually entitled. It can be discovered during a case review, in the course of a redetermination interview, or as the result of the receipt of some other information (for example, a computer match). An overpayment can result from a number of causes and the action taken to recover it depends upon its cause.

The four possible causes of overpayment are:

- Department error;
- Continuation of assistance pending an appeal;
- Recipient error; and
- Misrepresentation and willful withholding of information.

The determination that an overpayment was caused by recipient error, misrepresentation or withholding of information is made by the Bureau of Special Investigations. If in the course of a case record review or an interview you discover an overpayment, determine the most likely cause on the basis of the information on hand; see Section 2320: Reviewing the Case Record and Section 2330: The Redetermination Interview and Completion of the AP-2. If the most likely cause appears to be recipient error, misrepresentation or willful withholding of information, refer the case to the BSI for the determination.

Department Error

An overpayment may result from an error on the part of the Department. Department error includes the following situations:

- The applicant or recipient was not notified of a requirement to report information affecting eligibility or the grant amount (for example, items 21-23 on the AP-1 or items 13 and 14 on the AP-2 are not completed);
- Information which would have prevented the overpayment, if acted upon at the time it was received, is present in the file; or
- There is clear evidence in the case record that reported information was erroneously recorded or was erroneously used (for example, arithmetical errors, improper TD codes, or misapplications of policy).

If you determine that the cause of the overpayment was Department error, you must institute recovery according to the specific procedures outlined in CSG 3430, Overpayment Occurs, steps 5, 6, and 7.

Manual Reference: 306.220

Assistance Pending Appeal

An overpayment may result from the continuation of assistance pending a Fair Hearing that was ultimately decided in the Department's favor.

All notification form letters which inform the recipient of a proposed reduction or termination will also inform the recipient that the Department has the right to recover aid paid pending a fair hearing, that the referee will rule on the issue of such recovery as a part of his or her decision and that the appellant has the option to waive the receipt of aid panding the hearing.

If aid pending the hearing is not waived and the Department's action is upheld,the Appeals Referee will rule on the overpayment issue in his or her decision and will order the Department to institute recovery. A copy of the appeal decision in the case record is verification that this is the cause of the overpayment. In such cases, you must institute recovery according to the procedures outlined in CSG 3430 Overpayment Occurs, steps 3, 4, 6 and 7.

Recipient Error

Recipient error may occur when the recipient, because of a misunderstanding of his or her responsibilities, fails to notify the Department of a change in his or her resources or other circumstances. The determination that an overpayment resulted from recipient error is made by BSI. If BSI indicates that recipient error was the cause of the overpayment, you must institute recovery according to the same procedures used in cases of Department error (see above).

Misrepresentation and Willful Withholding of Information

An overpayment may result from misrepresentation or willful withholding of information by an applicant or recipient. The determination that misrepresentation or willful withholding of information was the cause is made by BSI and the courts. Misrepresentation and willful withholding of information include:

- Willful oral or written misstatements in response to oral or written questions from the Department concerning income, assets, household composition, or any other circumstances which may affect eligibility or the grant amount;

- Willful failure to report changes in income, assets, or other circumstances which affect eligibility or the grant amount; or

- Willful failure to report receipt of a payment which the recipient knew was erroneous because of prior written notification by the Department.

If BSI indicates that the cause of the overpayment is misrepresentation or willful withholding of information, you must institute recovery according to the specific procedures outlined in CAG 4776: Recovery of Overpayments Caused by Misrepresentation or Willful Withholding of Information.

4774 DETERMINING THE AMOUNT OF AN OVERPAYMENT

Step 1: Determine the start date of the overpayment

If the overpayment resulted from the continuation of aid pending appeal, the start date of the overpayment is the proposed start date of the action that was appealed.

In the case of all other overpayments, you must ask the recipient to provide verification of his or her past income or circumstances in order to determine the start date of the overpayment. If the overpayment resulted from a change in income, you will need verification of income; if the overpayment resulted from a change in the composition of the assistance unit, you will need verification of the date the change occurred. If the case has been referred to the BSI, you will in most cases receive documentation from BSI as to the start date of the overpayment.

If the recipient refuses to provide the necessary verification and you cannot get the information from BSI, review the case record to determine the most likely start date of the overpayment. Use this estimated start date as the basis for calculation of the amount of overpayment unless the recipient produces verification which documents the actual start date of the overpayment.

You may not terminate assistance for a recipient's failure to provide verification of past eligibility.

Step 2: If the start date is more than 12 months before the month in which the overpayment was discovered, and the overpayment was not the result of misrepresentation or willful withholding of information, use as the start date the first of the 12th month preceding the discovery of the overpayment.

Step 3: Determine the amount of assistance for which the assistance unit was eligible during the period of overpayment (that is, from the start date to the date the current assistance level was corrected to reflect the change in income or circumstances). This amount should be calculated on a monthly basis (see CAG 4400: Calculating the Grant Amount) in order to reflect any monthly variations in income or cirumstance. Only those factors which are verified may be used in this calculation. Thus, if a recipient refuses to document Work Related Expenses for this period of overpayment, you must calculate the budget without deducting such expenses.

Step 4: Determine the actual grant paid during the period of overpayment.

Step 5: Subtract the result of Step 3 from the result of Step 4.

Step 6: The result of Step 5 is the amount of overpayment.

Manual Reference: 306.250 and 306.280

4775 RECOVERY

The Department must recover overpayments. The specific method of recovery to be employed in a case is determined by the cause of the overpayment (see CAG 4773: Overpayments). Recovery is not an optional procedure. Recovery may be postponed due to a recipient's lack of resources (as indicated in CAG 4777: Resources Exclusive of the Current Assistance Grant), but it may never be waived.

Overpayments resulting from Department error, the continuation of assistance pending appeals, or recipient error as indicated by a BSI determination must be recovered according to the specific procedures outlined in CSG 3430: Overpayment Occurs.

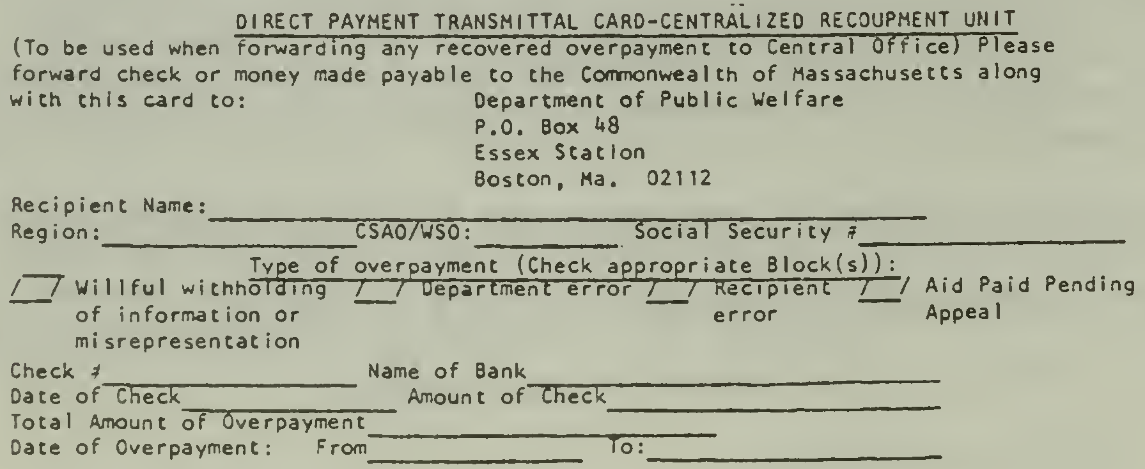
Overpayments resulting from misrepresentation or willful withholding of information as indicated by a BSI determination must be recovered according to the specific procedures outlined in CAG 4776: Recovery of Overpayments Caused by Willful Misrepresentation or Withholding of Information.

Recovery may be made by a lump-sum payment from the recipient or by a reduction of the assistance grant, or by a combination of both. The worker must explain the repayment options to the recipient, who may select the method. As well, recoveries from former recipients and from active recipients (if indicated by a court order or an agreement with BSI) may be made by direct installment payments. The procedures for recovering by a reduction in the current grant are given in CAG 4778: Recovery by a Reduction in the Assistance Check.

All direct money payments must be in the form of a cashier's check made to the Commonwealth of Massachusetts, P.O. Box 48, and must be sent to;

Department of Public Welfare
P.O. Box 48
Essex Station
Boston, MA 02112

Any direct payments received at a CSAO/WSO must be forwarded to the above address along with a completed Payment Transmittal Card, reproduced below:



DIRECT PAYMENT TRANSMITTAL CARD-CENTRALIZED RECOUPMENT UNIT

(To be used when forwarding any recovered overpayment to Central Office) Please forward check or money made payable to the Commonwealth of Massachusetts along with this card to:

Department of Public Welfare
P.O. Box 48
Essex Station
Boston, Ma. 02112

Recipient Name: ______________________
Region: ____________ CSAO/WSO: ________ Social Security # ____________

Type of overpayment (Check appropriate Block(s)):

☐ Willful withholding of information or misrepresentation ☐ Department error ☐ Recipient error ☐ Aid Paid Pending Appeal

Check # ____________ Name of Bank ______________
Date of Check ____________ Amount of Check ____________
Total Amount of Overpayment ______________
Date of Overpayment: From ____________ To: ____________

4776 RECOVERY OF OVERPAYMENTS CAUSED BY MISREPRESENTATION OR WILLFUL WITHHOLDING OF INFORMATION

When you discover an overpayment that is not the result of Department error or the continuation of assistance pending appeal, you must refer the case to the BSI (see CAG 4910: BSI Referrals). You may not institute recovery on such cases until you receive a BSI Referral response indicating that recovery may proceed.

When you receive a BSI Referral response (BSI-30) indicating that an overpayment was caused by misrepresentation or willful withholding of information, you will generally receive a determination of the amount of overpayment and instructions for the amount to be recovered.

- If recovery has been determined by a court order, you must institute recovery according to the court's instructions. This will typically involve a direct payment plan and should be recorded on Form OP-1 (see CAG 5640).
- If the recipient has agreed to a specific recovery amount with BSI, you must use this amount in instituting recovery. In such cases you will receive a copy of the BSI agreement with the recipient.
- If you receive no specific instructions from a court order or from BSI, proceed as follows:

Step 1: Determine the amount of overpayment in accordance with CAG 4774. Consider the entire overpayment, not just the overpayment that occurred in the previous 12 months.

Step 2: Determine whether the recipient has income and assets exclusive of the current assistance grant (see CAG 4777).

- If the recipient has such resources, go to Step 4.
- If the recipient does not have such resources, go to Step 3.
- If the recipient is no longer receiving AFDC, refer the case to the Centralized Recoupment Unit. See CAG 4912: Referrals to Centralized Recoupment Unit.

Step 3: Review the case to ensure that recovery does not consitute an undue hardship for the recipient. This may be accomplished as follows:

- Contact the recipient to determine the amount that may be deducted from the grant without causing undue hardship. The fact that a recipient has no income or assets exclusive of the current assistance grant does not in itself constitute undue hardship.
- Limit the monthly amount of recovery to ten percent (10%) of the Standard of Assistance unless the recipient agrees to a larger amount.

- If the recipient claims that this amount will cause undue hardship, refer the case to P.O. 68, Essex Station, Boston, MA 02112 where it will be reviewed by Central Office personnel for a determination. Referrals are made by submitting a copy of Form OP-1 (see CAG 5640) and a memo explaining the circumstances which are claimed to cause "undue hardship".

- If "undue hardship" is not claimed, or if the claim is denied, go to Step 6.

Step 4: Consult the recipient to determine the method of recovery.

- If the recipient wishes to repay by means of a lump-sum payment, go to Step 5.

- If the recipient wishes to repay by means of a reduction of the assistance check, go to Step 6.

- If the recipient wishes to repay by a combination of these methods, go to Step 5 for the initial payment and go to Step 6 to effect subsequent reductions.

- If the recipient refuses to elect a method of recovery, you must effect recovery by a grant reduction. Go to Step 6.

Step 5: Have the recipient sign Form OP-1, Overpayment Recovery Form (see CAG 5640: Form OP-1.) Secure a cashier's check made to the Commonwealth of Massachusetts, P.O. Box 48, from the recipient for the amount being recovered.

Send the check and Payment Transmittal card to:

Department of Public Welfare
Box 48
Essex Station
Boston, MA 02112

Step 6: Determine the monthly amount of recovery and implement the reduction according to CAG 4778, Recovery by a Reduction of the Assistance Check.

Step 7: Record your recovery actions on Form OP-1 (see CAG 5640: OP-1, Overpayment Recovery Form).

4777 RESOURCES EXCLUSIVE OF THE CURRENT ASSISTANCE GRANT

Overpayments that result from Department or recipient error or the continuation of assistance pending appeal may be recovered only if the recipient has currently available income or assets exclusive of the current assistance grant. Overpayments that result from willful withholding of information may always be recovered, but the amount of recovery is limited if the recipient does not have currently available resources exclusive of the assistance grant.

Income exclusive of the current assistance grant includes countable earnings, including the amount normally disregarded under the 30 and one-third provision.

The amount available for recovery is not equivalent to the amount of applicable income calculated after the application of the "30 and one-third" disregard. For example, a recipient with gross earnings of $300 a month, and payroll deductions and other work-related expenses totalling $100, would have $80 in applicable income after application of the "30 and one-third" income disregard. This figure is calculated as follows:

$300.00	(gross earnings)
-30.00	($30 disregard)
$270.00	
-90.00	(1/3 disregard)
180.00	
-100.00	(total work related expenses)
$ 80.00	(applicable income)

However, the gross income ($300), less work related expenses, ($100), is $200. To determine the amount actually available for recovery, subtract the $80 already being deducted from the total of $200 (currently available income), thus giving a figure of up to $120 which may be recovered per month.

Assets exclusive of the current assistance grant include:

- All countable assets (see CAG 4210: Countable and Non-Countable Assets); and
- Sums conserved for the higher education of a child under a plan approved by the Department (if such sums were conserved prior to 3/1/81).

Like income, assets must be currently available in an amount equivalent to the monthly amount to be recovered. For example, a recipient with $200 in a bank account would have $200 available for recovery (in addition to any currently available income). Monthly recovery in an amount decided upon by the recipient and Department can continue until this limit of $200 is reached, the overpayment is repaid or the recipient's assets increase.

All determinations of resources exclusive of the current grant must be recorded on Form OP-1 (see CAG 5640: OP-1, Overpayment Recovery Form).

4778 RECOVERY BY A REDUCTION IN THE ASSISTANCE CHECK

Recovery by a reduction in the recipient's assistance check is technically defined as "recoupment" and is the only form of recovery to be so called. The determination of the monthly amount to be recouped must be made on a case-by-case basis, in conjunction with the recipient. Consequently, there is no single formula for determining the monthly repayment amount. The recipient might choose larger deductions over a short period or smaller deductions over a longer period of time. This CAG serves as a guide to use in determining the monthly repayment amount; it does not provide an absolute formula.

Step 1: Determine, with the recipient, the time period over which the recovery is to take place. Generally, the time period should be about one year unless the overpayment exceeds $1000; if it does, then you should allow one year of recovery for each $1000 of overpayment, although a recipient with significant employment income might wish to repay at a faster rate.

In general, the objective is to recover the overpayment in as short a time as possible without putting an impossible strain on the recipient.

If the overpayment was caused by willful withholding of information and the recipient does not have resources exclusive of the assistance grant, you must review each case individually and limit the amount of recovery to be deducted from the grant so as not to cause undue hardship (see CAG 4776: Recovery of Overpayments Caused by Willful Withholding of Information).

However, if a recipient has agreed to, or a court has imposed, a specific monthly amount of recovery as the result of a BSI investigation, you must use that amount in instituting the recovery.

Step 2: Determine the monthly amount of repayment by dividing the number of months in the recovery period into the total overpayment to be recouped. At minimum, you should attempt to recover ten percent of the Standard of Assistance per month. Record this amount on Form OP-1 (see CAG 5640: OP-1, Overpayment Recovery Form).

Step 3: Recalculate the grant, deducting the monthly amount to be recovered. Determine the effective date of the reduction and prepare and submit a TD to effect the change; see CAG 4730: Case Closings and Reductions with Advance Notice. Notify the assistance unit using a NFL-10; see CAG 5010: Using the NFL-10.

Manual Reference: 306.240

4780 AUTHORIZING VENDOR PAYMENTS

This CAG provides the authorization procedures for vendor payments made

- To provide an AFDC related benefit; and
- To provide AFDC in the form of vendor payments.

In both cases, the grantee-relative must be given maximum opportunity to particiate in the selection of vendors. In the case of protective payments, see also CAG 4781: Arranging Plans for Protective Payments.

Authorization of non-medical vendor payments is made on Form PA-33A, Authorization and Claim for Non-Medical Services. (See CAG 5520 for a copy of the PA-33A.) Offices using Form PA-33 because of problems related to distance may continue to do so but must maintain control mechanisms. A separate form must be used for each payment. Authorization of vendor payments requires the following activities:

- Obtain Form PA-33A from the transmittal clerk. You will need to give the clerk your CAN and the name of the applicant or recipient for whom authorization is being made. The clerk will log this information on the PA-33A Control Log.
- Complete all the information requested on the form. Refer to CAG 4782: Table of Non-Medical Procedure Codes for correct procedure codes and category restrictions.
  - In the case of an invoice for an SSI special benefit code or for a burial for an SSI recipient, write SSI Disaster, SSI Moving, or SSI Burial, as appropriate, in the upper right-hand corner.
  - In the case of an invoice for a recipient family receiving Emergency Assistance a second time in the same 12 months because of a natural disaster, enter "Second EA" in the upper right-hand corner.
- Sign the PA-33A and obtain the signature of your supervisor prior to mailing or giving the form to the applicant or recipient or the provider. The Provider Instruction Card (see CAG 4783: Provider Instruction Card) must also be given to the provider with Form PA-33A.
  - The applicant or recipient must also sign the form, but may do so at the provider's place of business after the service is rendered.
- Enter a photocopy of the PA-33A in the case record.

If a situation occurs in which a non-medical vendor payment was authorized but should not be paid, you must arrange to have the check pulled. This is done by informing the Director of the WSO/CSAO or his designee of the need for a check pull. (S)He will complete the process by:

- Making a telephone request to the Finance Section at Data Preparation and Entry Unit at 43 Hawkins Street in Boston (727-8488).
- Following this request up with a Non-Medical Check Pull Request (Form AP-16).

You must record the check-pull occurance by writing VOID on the appropriate PA-33A case copy. You also must notify the transmittal clerk that the check has been stopped.

4781 ARRANGING PLANS FOR PROTECTIVE PAYMENTS

An assistance unit may be put on protective payments in the following situations:

- The grantee-relative has refused to comply with AFDC requirements related to Child Support Enforcement Program and has been removed from the assistance unit (see CAG 4600: Child Support Enforcement Requirements).
- The grantee-relative has refused to register for or participate in WIN, and has been removed from the assistance unit (see CAG 4513: Consequences of Refusal to Register for WIN).
- The grantee-relative has mismanaged the grant (see CAG 4850: Protective Payments in Cases of Grant Mismanagement).

In all such cases, you should discuss the situation with the grantee-relative to determine the number and amounts of the protective payments and the names of the vendors. Generally you will only be able to establish protective payments for housing (rent or mortgage), utilities and fuel; unless the recipient goes to one grocery store, and that vendor is willing to accept a monthly vendor payment, you will not be able to arrange for vendor payments for the assistance unit's food costs.

Protective payments for housing and utility costs should always be made in the amount of the recipient's actual obligation in order to prevent the accumulation of arrearages. (In some cases where an arrearage already exists the recipient may give written permission to pay an amount exceeding the actual obligation.) The total amount authorized in vendor payments may not, however, exceed the total monthly grant. Prior to approving vendor payments for rental housing, you must obtain written certification from the City, the Town Board of Health, or the Commissioner of Housing Inspection, if in Boston, stating that the housing complies with the minimum standards for health and safety established by that agency. Before you can authorize vendor payments to a utility, the recipient must first work out an agreement with the utility company averaging his or her estimated annual utility costs over a 12 month period. This average is the amount to be paid monthly as the protective payment.

The amount remaining after the subtraction of the protective payments for housing, utilities and fuel from the monthly AFDC grant is to be paid as the regular direct grant. The total amount provided through protective payments and the direct grant, therefore, may not exceed the total amount of the grant for which the assistance unit is eligible.

Manual Reference: 306.640

Once you have established the payment plan and notified the recipient, see CAG 4780: Authorizing Vendor Payments for the procedures for authorizing the payments to the vendors. As it will be necessary to decrease the monthly grant by the amount to be paid as vendor payments, prepare and submit a TD; see Appendix II: Using the Turnaround Document, and notify the recipient on an NFL-10 (see CAG 5010: Using the NFL-10). The start date for the new monthly payment must be the date of the first check of the month, even if this means that you have to wait through one payment cycle. For example, suppose you decide on April 20 on a vendor payment plan for a recipient whose next check will be dated May 2. The chart in CAG 4732: Current Case Closing and Reduction Schedule tells you that in order to meet the effective date for this check of April 25, you would have had to have submitted the TD and NFL by April 15. Since the start date for the grant decrease cannot fall in the second check cycle in May, the reduction cannot go into effect until the first check in June.

The start date for the vendor payment must correspond to the month in which the new monthly grant takes effect. In the example given above, this would be the month of June.

4782 TABLE OF NON-MEDICAL PROCEDURE CODES

A. "Emergency Assistance" Procedure Codes - Acceptable only for Categories 0,2,4 (Family):

	Type of Provider	Procedure Code
1.	Clothing and Department Stores	711
2.	Appliance and Furniture Stores	712
3.	Food and Groceries	713
4.	Home Repair	729*
5.	Electric Companies	731
6.	Gas Companies	732
7.	Oil Companies	733
8.	Moving Services and Storage	744
9.	Rent	745
10.	Mortgage	746
11.	Property Tax	747
	Appliance Repairs and Service Charges	748
.	Unclassified Non-Medical Services	759**
14.	Deodorization of Furniture and Dry Cleaning of Clothes	760
15.	Emergency Care/Shelter	763
16.	Security Deposit	770

*Restricted - Procedure code 729 requires signature of the Regional Manager if the cost of Home Repair is under $500 and of personnel in the Office of Field Operations if the cost of Home Repair is over $500.

**Restricted - Procedure Code 759 requires the signature of personnel in the Office of Field Operations.

B. "SSI Special Benefit" Procedure Codes - Acceptable only for Categories 1 & 3:

	Type of Provider	Procedure Code
1.	Clothing and Department Stores	711
2.	Appliance and Furniture Stores	712
3.	Food and Groceries	713
4.	Moving Services and Storage	744
5.	Unclassified Non-Medical Services	759*

*Restricted - Procedure Code 759 requires the signature of personnel in the Office of Field Operations.

C. "Protective Payment" Procedure Codes - (Ongoing payments deducted from Assistance Grant) - Acceptable only for Categories 0,2, and 4 (Single Adult and Family):

Type of Provider	Procedure Code
1. Food and Groceries	613
2. Electric Companies	631
3. Gas Companies	632
4. Oil Companies	633
5. Rent	645
6. Mortgage	646
7. Property Tax	647

D. "Protective Payment" Procedure Codes - Acceptable only for Category 4 (Single Adult):

Type of Provider	Procedure Code
1. Residential Treatment Center (Halfway House)	664
2. Overnight Shelter (Example: Pine St. Inn; Shelter, Inc.)	665

E. "Other" Procedure Codes - (Usually used on Initial Application and Replacement of Check Vouchers) - Acceptable only for categories 0,2, and 4 (Single Adult and Family):

Type of Provider	Procedure Code
1. Food and Groceries	513
2. Electric Companies	531
3. Gas Companies	532
4. Oil Companies	533
5. Rent	545
6 Mortgage	546

F. "Other" Procedure Codes - Acceptable only for Categories 0,1,2,3,4 (Single Adult and Family) 5,6,7, and 8

Type of Provider	Procedure Code
1. Funerals	541
2. Travelers Aid	301*
3. Unclassified Non-Medical Services	559**
	*Form PA-33A is not completed by local WSO/CSAO. **Restricted - Procedure Code 559 requires the signature of personnel in the Office of Field Operations.

G. "Other" Procedure Codes - Acceptable only for Categories 0,1,2,3,5,6,7, and 8: NOTE: Category 4 (Single Adult and Family is not acceptable.

Type of Provider	Procedure Code
1. Medical Transportation (Payment to Recipient)	900

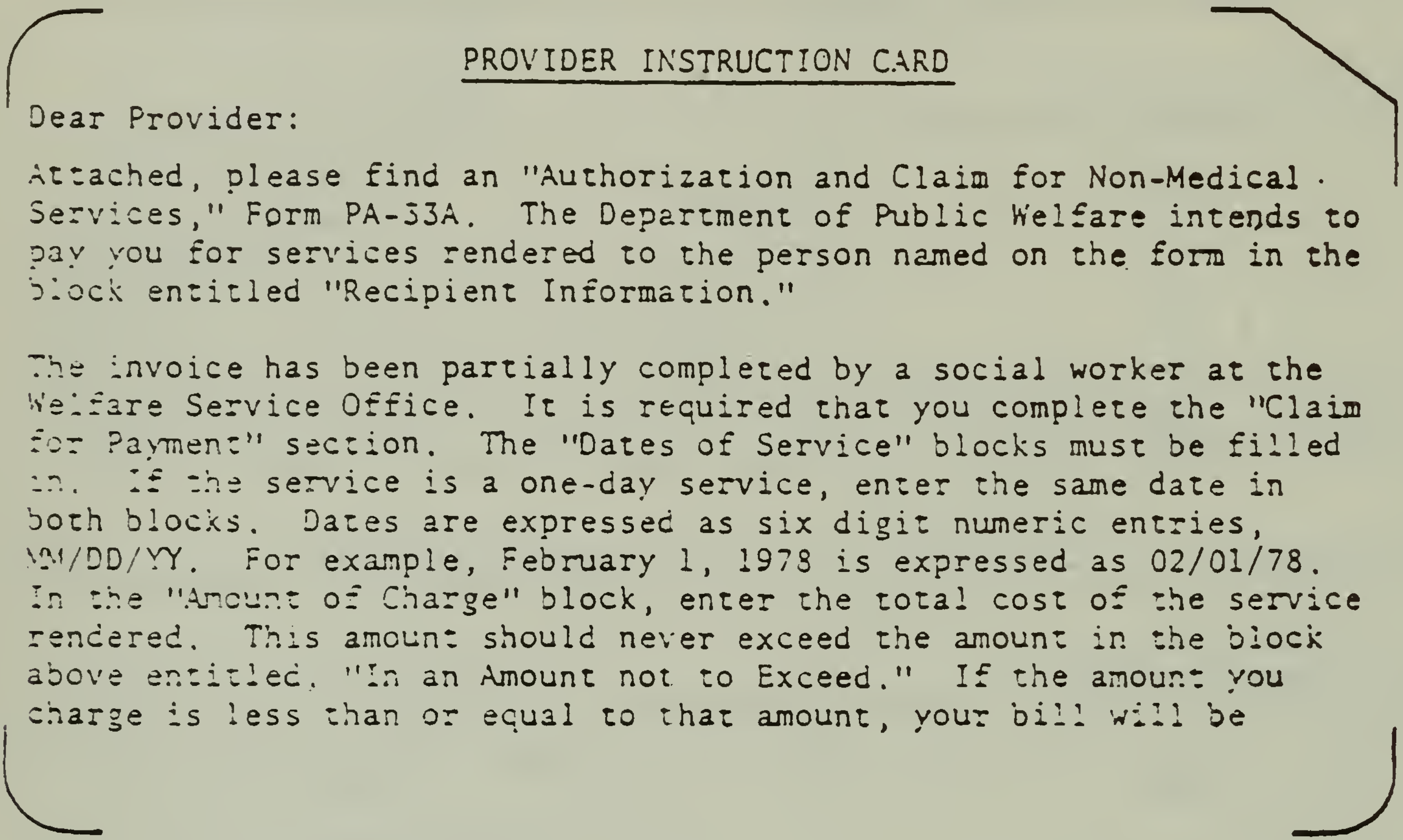
H. "Other" Procedure Codes - Acceptable only for Category 4 (Single Adult):

Type of Provider	Procedure Code
1. General Relief Medical Evaluation	910

I. "Other" Procedure Codes - Acceptable only for Category 7:

Type of Provider	Procedure Code
1. Medical Assistance - Disability Assistance Examination	920*
	*Not in use at this time.

4783 PROVIDER INSTRUCTION CARD



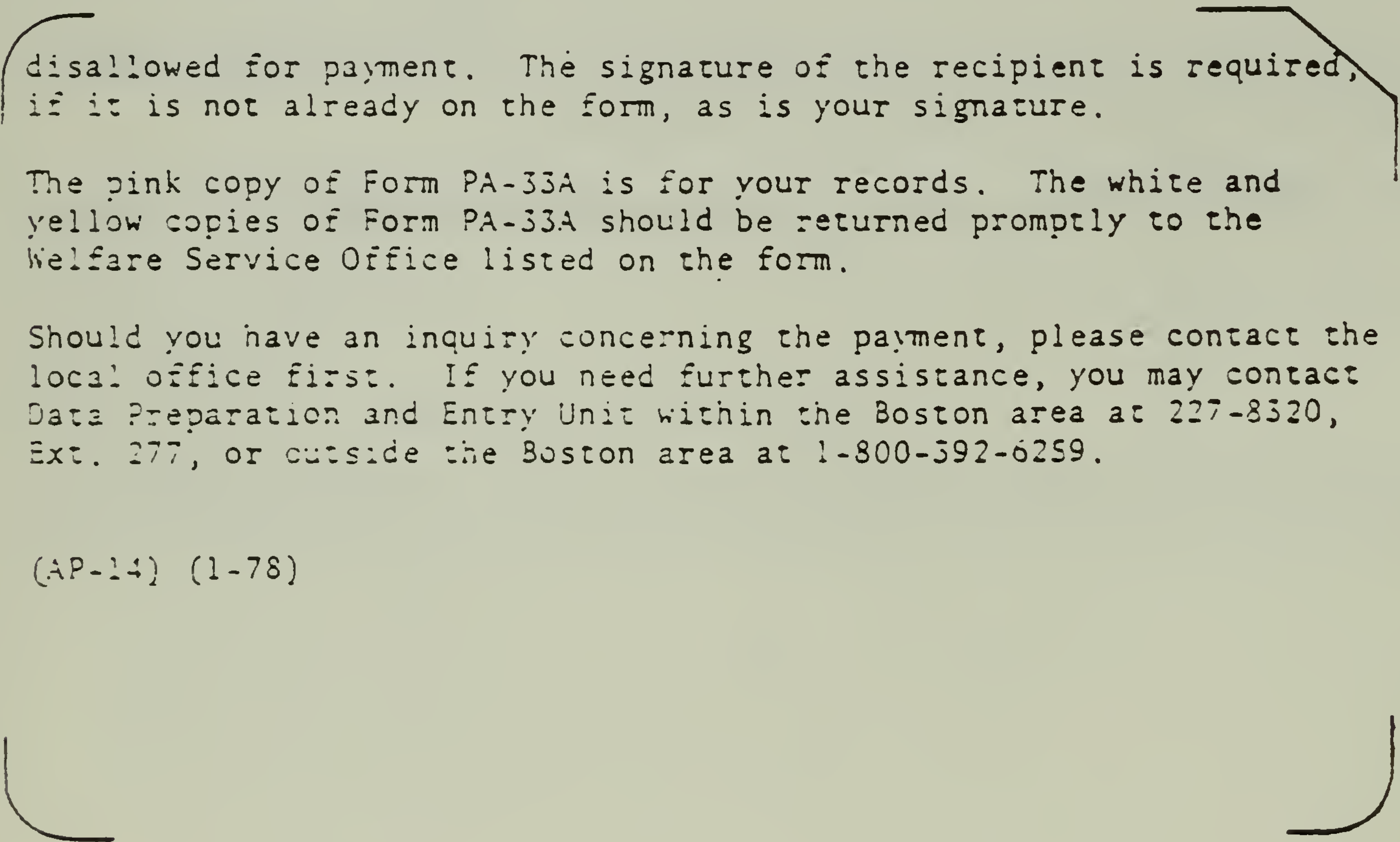
PROVIDER INSTRUCTION CARD

Dear Provider:

Attached, please find an "Authorization and Claim for Non-Medical Services," Form PA-33A. The Department of Public Welfare intends to pay you for services rendered to the person named on the form in the block entitled "Recipient Information."

The invoice has been partially completed by a social worker at the Welfare Service Office. It is required that you complete the "Claim for Payment" section. The "Dates of Service" blocks must be filled in. If the service is a one-day service, enter the same date in both blocks. Dates are expressed as six digit numeric entries, MM/DD/YY. For example, February 1, 1978 is expressed as 02/01/78. In the "Amount of Charge" block, enter the total cost of the service rendered. This amount should never exceed the amount in the block above entitled, "In an Amount not to Exceed." If the amount you charge is less than or equal to that amount, your bill will be

REVERSE SIDE



disallowed for payment. The signature of the recipient is required, if it is not already on the form, as is your signature.

The pink copy of Form PA-33A is for your records. The white and yellow copies of Form PA-33A should be returned promptly to the Welfare Service Office listed on the form.

Should you have an inquiry concerning the payment, please contact the local office first. If you need further assistance, you may contact Data Preparation and Entry Unit within the Boston area at 227-8320, Ext. 277, or outside the Boston area at 1-800-392-6259.

(AP-14) (1-78)

4790 THE QUARTERLY PAYMENT

The quarterly payment is paid in March, June, September and December. A one-month portion (approximately one-third) of the payment is included in the Standard of Assistance used in determining income eligibility (see CAG 4140: Standards of Assistance).

The quarterly payment is determined by the number of persons in the assistance unit as of the last semi-monthly payment preceding the quarterly payment. Except in unusual cases it is automatically calculated and paid.

The following table provides the quarterly payment amount by semi-monthly payment period.

Assistance Unit size	Number of Pay Periods 1	2	3	4	5	Full Quarterly Payment
1	$ 7.70	$15.30	$ 22.90	$ 30.60	$ 38.20	$ 45.80
2	15.20	30.40	45.40	60.60	75.60	90.80
3	17.60	35.10	52.60	70.10	87.60	105.30
4	20.10	40.00	59.90	79.90	99.80	119.80
5	22.50	44.90	67.20	89.60	112.00	134.30
6	25.00	49.80	74.60	99.40	124.20	149.00
7	27.30	54.50	81.80	109.00	136.30	163.50
8	29.70	59.40	89.10	118.70	148.30	178.00
9	32.20	64.30	96.30	128.40	160.50	192.50
10	34.60	69.00	103.50	138.10	172.50	207.10
Incremental	2.50	4.90	7.40	9.80	12.20	14.70

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4811 VOUCHERS TO MEET IMMEDIATE NEEDS

Vouchers for food and shelter (including rent, fuel, and utilities) may be issued under the following circumstances;

- A check is reported lost or stolen and the recipient signs Form FCB-1 to request a replacement check; and
- An applicant requests assistance with immediate needs during the intake process.

The issuance of food vouchers for a child in foster care who returns home temporarily is described in CAG 4813: Food Vouchers for Children in Foster Care.

Vouchers as Advances on Replacement Checks

Food and shleter vouchers must be issued within 7 calendar days of the request for the replacement check, if the check has not been cashed, and within 14 calendar days if it has been cashed. Since no verification beyond the signed FCB-1 is required, in most cases you should be able to issue the vouchers immediately.

The vouchers can be distributed among food and shelter needs in whatever manner is most convenient for the recipient, but the total amount of vouchers issued cannot exceed the amount of the lost or stolen check. The vouchers are to be processed on Form PA-33A, Authorization and Claim for Non-Medical Services; see CAG 4780: Authorizing Vendor Payments. The vouchers issued are recovered by deducting the total amount of the vouchers from the original amount of the check to be replaced. This must be noted on the FCB-1.

Vouchers to Meet Immediate Needs at Intake

At the intake interview or within 24 hours of the filing of the application if the intake interview cannot be held immediately, you must inform applicants who appear to be eligible for AFDC of the option to receive immediate needs vouchers. If the applicant requests assistance, vouchers may be provided for shelter (including rent, fuel, and utilities) and, if the applicant appears to be ineligible for Food Stamps, for food. If the applicant appears to be eligible for Food Stamps, refer to the Food Stamps policy for instructions regarding expedited processing of OTC Food Stamp benefits.

The total amount of vouchers issued cannot exceed the expected semi-monthly AFDC payment. Vouchers cannot be issued after the Turnaround

Manual Reference: 302.130 and 302.530

Document establishing the new case has been submitted. The vouchers are to be processed on Form PA-33A, Authorization and Claim for Non-Medical Services; see CAG 4780: Authorizing Vendor Payments. The total amount of the vouchers issued is to be recovered by transacting a "J" payment on the Turnaround Document used to establish the new case; see Appendix II: Using the Turnaround Document.

4812 ISSUING A TEMPORARY MEDICAID ELIGIBILITY CARD (ID-2)

A. Conditions of Issuance

The ID-2 can be issued whenever the applicant or recipient states that (s)he has a specific need for Medicaid benefits and:

- the Medicaid Eligibility Card (ID-1) has been lost or not received;
- the issued Medicaid Eligibility Card (ID-1) does not accurately reflect the composition of the assistance unit; or
- the applicant appears to be eligible for AFDC on the information provided.

If one of the above conditions is met, a temporary Medicaid ID card must be provided within one working day of the request; see CAG 4750: Time Standards for Department Action and Recipient Verification.

B. Procedures for Issuance

Step 1: Ask the applicant or recipient if (s)he has a specific need for Medicaid benefits.

- If (s)he states that (s)he does not have a specific need, inform him or her that a card cannot be issued, but that (s)he may make another request if a need arises before (s)he receives a regular card.
- If the applicant states there is a need, go to Step 2.
- If the recipient states there is a need, go to Step 4.

Step 2: Determine whether the applicant appears to be eligible for AFDC based on the information provided.

- If the applicant appears ineligible, inform him or her that an ID-2 cannot be issued at this point.
- If the applicant appears to be eligible for AFDC, go to Step 3.

Step 3: Establish the case on the Recipient Master File by completing a Turnaround Document. Enter code 03 in block 19 and a zero payment in block 25. If the case is subsequently approved, you must submit a TD to change the zero payment to the appropriate grant level. If the case is subsequently denied, or the application withdrawn, a second TD closing the case must be submitted entering code 70 in block 19. Go to Step 5.

Step 4: Review the Turnaround Document to determine who is eligible for Medicaid benefits. Update the Turnaround Document, if necessary, to include any additional members who have met the AFDC eligibility requirements. Go to Step 5.

Step 5: Have the control clerk prepare the ID-2 and obtain the signature of the office director or his or her designee. The ID-2 should cover, at most, the period prior to the expected receipt of the computer generated card. Have the applicant or recipient sign the card and place the carbon or copy in the case record.

Note: Workers in regions participating in the Medication Control Program must review the MCP-1 first to determine if any restrictions need to be entered on the ID-2.

4813 FOOD VOUCHERS FOR CHILDREN IN FOSTER CARE

A child who has been voluntarily surrendered or court committed into the care and custody of a Department of the Commonwealth or licensed private agency is not eligible for AFDC unless (s)he has returned to the home of a relative for a period of more than 30 consecutive days and meets all other applicable AFDC requirements.

When such a child returns to the home of a relative for a period of 30 days or less the relative may request food vouchers for the number of days for which the child has returned to the home. The relative is eligible to receive such vouchers at the rate of $1.80 per day for the number of days the child will be in the home if one of the following situations applies:

- The relative is currently receiving AFDC; or
- The relative is a former recipient of AFDC who became ineligible as a result of the removal of the child from the home, and who currently meets the financial eligibility requirements of the Food Stamps, Medicaid, or other Department programs.

When an eligible relative request food vouchers, inform him or her that you can authorize vouchers if (s)he provides:

- Advance written notification from the appropriate agency of the timing and duration of the child's visit; and
- Confirmation from the agency that no payment will be made to the foster family or group care facility for that period of time.

See CAG 4780: Authorizing Vendor Payments for the procedures for authorizing the food vouchers.

Manual Reference: 305.500

4817 AUTHORIZING MEDICAL TRANSPORTATION

AFDC recipients are eligible for a range of transportation services in order to obtain necessary medical care. Thes services fall into three general groups:

- Provision of ambulance and chair-car services;
- Authorization of taxi or dial-a-ride services; and
- Reimbursement of recipient expenses for public and private transportation.

Authorization of the first group of services is the responsibility of the medical provider; see 106 CMR 407.400 through 407.495 if you need to know more about these services. Authorization of the other two groups of services is the responsibility of workers in local offices, and is described in this CAG.

A. General Rules for Medical Transportation

Medical transportation services are to be used as a last resort: it is the recipient's responsibility to use personal transportation resources, including those of family and friends, when these are available.

Transportation services are available only to recipients for travel to obtain medical services which are provided under the Medical Assistance Program. They are not available for transportation to pharmacies to have prescriptions filled.

In general, transportation services are to be provided only within the recipient's local area, unless the necessary medical services are unavailable in that area.

Workers in local offices make the decision to authorize or not authorize requested medical transportation according to the procedures described below, except in the following situations:

- The transportation is outside of the recipient's local community:
- There is a recurring need for such transportation; or
- The medical need is in question.

In such instances, you must consult with a transportation specialist before approving the request. The transportation specialist can be reached by telephone at the following numbers:

- For Boston only: Boston Regional Office, 227-8320, extension 376, 377 or 379.

- For Springfield only: Springfield Regional Office, 781-7510, extension 20.

- For all other areas: Medical Division, Central Office, 727-8080 or 727-8081

In some cases, the transporation specialist may request documentation before authorizing the requested service.

B. Taxi or Dial-a-Ride

The following are the procedures for authorizing taxi or dial-a-ride services.

Determine if the recipient has available personal transportation resources. If (s)he does inform him or her that taxi or dial-a-ride services cannot be authorized. See Section (C) below to see if (s)he is eligible for reimbursement of transportation costs.

If (s)he does not have such personal transportation, have him or her submit a Form PT-1, Prescription for Taxi or Dial-a-Ride Services, signed by his or her physician documenting the need for such services (see CAG 5550: Form PT-1).

Determine if the PT-1 documents that the recipient required taxi or dial-a-ride services due to:

- Physical inability to use public transportation (i.e., needs assistance in walking or cannot climb bus steps); or

- Mental inability to use public transportation (i.e., crowd phobias, assultive behavior, or severe disorientation).

If the PT-1 documents the need for such transportation contact the taxe cab company or dial-a-ride facility by telephone to authorize the service. Follow up this call by completing a Form PA-11 and forwarding it to the company for billing.

In the following circumstances, you may authorize transportation assistance withiut having received a PT-1 signed by a physician:

- The medical service is the first medical or dental appointment covered by PGH;

- There is no public transportation available and all other resources have been exhausted; or

- There is an urgent medical need which necessitates immediate service.

In this latter case, a PT-1 Prescription must be submitted within 2 working days of the provision of the medical transportation service or the recipient will be ineligible for further urgent medical need transportation services for a period of three months.

C. Reimbursement of Recipients' Medical Transportation Costs

Under the following circumstances, a recipient is eligible for reimbursement of the cost of public or private transportation for a necessary medical service, or for the cost of a taxi for an emergency medical need which arose when the office was closed.

- The recipient provides documentation from a RN, LPN, or MD that the medical service was received;
- The recipient documents the costs of the transportation; and
- Prior approval, if necessary, has been secured.

Reimbursement is provided through the non-medical vendor payment system; see CAG 4780: Authorizing Vendor Payments.

Private auto transportation is reimbursed at the current per mile rate used to reimburse Department employees.

The vendor payment system will not pay bills of less than $10. Therefore, you must wait until a recipient's total bills come to more than $10 before authorizing payment. Authorization must be made within 90 days of the date the bills reach the $10 minimum.

4820 EXPLAINING AND MAKING REFERRALS FOR OTHER DPW PROGRAMS

The Department administers a number of programs for which AFDC applicants, recipients, and former recipients may be eligible. These programs include:

- Medical Assistance;
- Food Stamps;
- Emergency Assistance;
- General Relief;
- Project Good Health;
- Refugee Resettlement Program; and
- WIN

It is your responsibility to inform applicants and recipients of the availability of these programs and to make appropriate referrals. This responsibility is particularly important when AFDC is denied or terminated. The NFL-1 and NFL-5 inform assistance units of their right to apply for Non-Public Assistance (NPA) Food Stamps and Medicaid-Only; nevertheless, you should highlight the potential availability of these and other DPW programs, particularly when you are about to close or deny a case or remove a person from an assistance unit. Remember the following:

- Eligibility for Medical Assistance (MA) sometimes continues after recipients become ineligible for AFDC: 1) MA eligibility continues for four months after AFDC benefits are terminated due to increased earnings, provided the requirements listed in CAG 4110 are met; 2) eligibility for MA sometimes exists after a unit goes off AFDC due to increased income, particularly if the unit has medical bills which exceed the spend down standard; and 3) minors in a unit which is categorically ineligible for AFDC are sometimes eligible for MA-Under 21. Eligible clients are granted the four month extension of MA benefits by the worker using action code 21 when closing the AFDC case; otherwise application for continued MA benefits must be made to an MA intake worker.

- All AFDC applicants must be asked if they want to apply for Food Stamps. If they do, the worker must decide whether or not to take applications and determine food stamp eligibility or refer applicants to the NPA food stamp unit. To do so the worker must determine the composition of the food stamp household (generally, a food stamp household consists of all persons who purchase and prepare food together, see section 361.210 of the Food Stamp Manual for details) and who in it will receive cash assistance (AFDC, GR, Refugee). If anyone will not receive cash assistance, the household is a NPA food stamp unit. Note than once the worker completes the food stamp section of the AP-1, the worker must determine eligibility for food stamps before referring the case to the NPA unit regardless of whether or not the household is later determined to be an NPA food stamp household. A household cannot be required to reapply for food stamps simply because AFDC has been denied or terminated or household composition changes.

- Recipients of AFDC are not concurrently eligible for General Relief (GR) but often become eligible for GR when their AFDC eligibility ends. A GR assistance unit need not include a dependent child or meet many of the other categorical eligibility requirements of the AFDC program. Therefore, when an assistance unit or any one of its members becomes ineligible for AFDC for categorical reasons, the worker must inform the individual(s) that they may be eligible for GR. If they wish to apply, depending upon individual office practice, either the worker or the intake unit determines eligibility.

- Emergency Assistance (EA) is available to AFDC recipients and applicants facing certain crisis situations. The emergencies that are covered by EA and the program's eligibility requirements are described in Chapter 309 of the AFDC Policy Manual. You are responsible for informing applicants and recipients of the availability and nature of EA benefits on an on-going basis and particularly in emergency situations.

- Project Good Health and your responsibilities in informing applicants and recipients about it are described in CAGs 4821, 4822, and 4823.

- AFDC applicants and recipients must be transferred to the Refugee Resettlement Program if they qualify for this program. See Handbook section 7100: Refugee Resettlment Program.

- All AFDC applicants and recipients must register for the WIN program, unless they qualify for an exemption. In addition, all AFDC recipients who wish to participate in WIN must be given the opportunity to do so. Hence, the worker must: 1) explain the WIN program and its requirements to all AFDC applicants/recipients, 2) determine WIN status, and 3) when appropriate, refer applicants/recipients to the WIN program. See section 4500 of the Handbook: Win Requirements.

4821 PROJECT GOOD HEALTH

Project Good Health is a federally mandated program designed to provide all persons in the assistance unit under the age of twenty-one with the opportunity for preventive health care. The PGH Specialist is primarily responsible for the provision of PGH benefits. However, AFDC workers do have three specific responsibilities in connection with the PGH program:

- Promotion of PGH during the application and redetermination interview. See CAG 4822: PGH Responsibilities of AFDC Worker at Application and Redetermination.
- Provision of certain PGH-related assistance when such assistance is requested by an applicant or recipient. See CAG 4823: Responsibility of the AFDC Worker to Provide PGH-Related Assistance.
- Notifying the PGH Specialist about a case at the time of application; whenever you provide PGH-related assistance; and whenever a dependent child is added to the assistance unit (use a SOC-7; see CAG 5530: SOC-7, Informational or Referral Communications). If the new dependent child is under three years old, the pamphlet, "The First Two Years" must be mailed with the NFL-6 adding the child to the unit.

Manual Reference: 305.130

4822 PGH RESPONSIBILITIES OF AFDC WORKERS AT APPLICATION AND REDETERMINATION

At each application and redetermination, you must (A) promote the PGH program during the interview with the applicant or recipient and (B) notify the PGH Specialist of the establishment of eligibility, the need for PGH services, and the provision of any PGH-related assistance.

A. Promotion of PGH Program

Promotion of the PGH Program during the application or redetermination interview includes the following activities:

- Description and Explanation: You must describe and explain the PGH Program and its advantages to the recipient's household and encourage maximum utilization of the program by all eligible members. The explanation must be presented in such a manner to enable eligible persons or their parents (A) to make a reasoned judgment as to whether or not to participate in PGH, and (B) to obtain health-related support services offered by the Department. The explanation must include the statement that PGH services are available to all MA-eligible individuals who are under 21 years of age (including parents who are themselves under 21).

- Encouragement of Maximum Utilization: You must help recipients and members of their household:

  (1) to understand the importance of preventive health services and early diagnosis and treatments (e.g., prenatal, immunizations);

  (2) to overcome fears of doctors and other aspects of medical care;

  (3) to be motivated to make use of health care services for which they may feel no pressing need.

- Opportunity for a Conference with PGH Specialists: In the course of the face-to-face interview you must offer to the recipient an opportunity for an individual, face-to-face communication with the PGH Specialist. Applicants may meet with the PGH Specialist only after they are determined to be eligible for AFDC.

- Written Program Information: During the face-to-face interview, you must give the household informational and promotional literature in appropriate languages published by the Department. (This does not replace the responsibility to orally explain PGH.)

- Inquiry: Before concluding the face-to-face interview, you must inquire whether the recipient's household is interested in PGH. If the household is interested, you must offer the assistance described in CAG 4823: Responsibility of AFDC Worker to Provide PGH-Related Assistance.

B. Notification to PGH Specialist

You must complete the PGH section of the Application for AFDC (AP-1) and the Redetermination of Eligibility for AFDC (AP-2) during the application or redetermination process. You must forward a copy of the PGH section (Page 2) to the PGH Specialist:

- In all cases of application, as soon as eligibility is established;
- In cases of redetermination if there is an indication that PGH medical or dental or other services are needed, or if you have provided any PGH-related assistance (see CAG 4823: Responsibility of AFDC Worker to Provide PGH-Related Assistance).

4823 RESPONSIBILITY OF AFDC WORKER TO PROVIDE PGH-RELATED ASSISTANCE

Whenever a recipient or applicant who is determined to be eligible for AFDC expresses interest in participating in PGH, you must offer to help by providing the following PGH-related assistance:

- List of Health Care Providers: You must provide for copying purposes a list of contracted PGH providers, other Medicaid providers, and programs assisted under Title V of the Social Security Act (such as Children and Youth Projects and Maternal and Infant Care Programs) in the recipient's geographic area. You should discuss the program and the list with the recipient and offer to help in choosing a provider from the list.

- Appointments With Health Care Providers: You must offer to help the recipient in making an appointment with a medical or dental provider for a PGH-eligible family member. If the recipient requests such help, you should make the appointment in a timely manner so as to assure that the provider's services will be delivered as soon as possible and not later than 60 days after the recipient's request for help.

- Transportation Assistance: When the recipient needs transportation assistance to obtain PGH services you must authorize transportation services or refer the recipient to the appropriate person for authorization. See CAG 4817: Authorizing Medical Transportation, and see 106 CMR 476.

- Referral to PGH Specialist for Specific Services: When it appears that a member of an eligible household needs child care services or translation services in order to participate in PGH, you must, with the consent of the recipient, make a referral, in writing, to the PGH specialist.

- Other Assistance: During the application or redetermination interview, and at any other time that a recipient requests such assistance, you must offer all assistance which the Department can give to help solve problems affecting the household's participation in PGH.

Whenever you provide any of the PGH-related assistance listed above you must notify the PGH Specialist according to the following guidelines:

- If the assistance is provided during the intake process, you should record the type of assistance on Page 2 of the AP-1 before forwarding the copy to the PGH Specialist.

- If the assistance is provided during the redetermination process, the type of assistance should be recorded on Page 2 of the AP-2 and a copy forwarded to the PGH Specialist.

- If the assistance is requested and provided at any other time, you should notify the PGH Specialist of the type of assistance on a SOC-7. (See CAG 5530: SOC-7, Informational or Referral Communications.)

4830 MAKING SOCIAL SERVICES' REFERRALS

Applicants and recipients must be informed of the availability of Social Services programs and asked if they wish to be referred. Social Services for which an AFDC applicant or recipient may wish to obtain a referral include:

- Homemaker services;
- Chore services;
- Daycare services;
- Non-WIN training services; and
- Financial counseling.

The applicant or recipient must give permission for all referrals with the sole exception of a referral for financial counseling when a grantee-relative is found to have mismanaged the grant (see CAG 4850: Protective Payments in Cases of Grant Mismanagement).

The referral for Social Services is made on Form SOC-7, Informational Referral Communication (see CAG 5530: Informational or Referral Communication).

With the formation of the Department of Social Services, referral procedures will be changing. New instructions on referrals, and on the responsibilities of AP workers with regard to reporting cases of abuse and neglect, will be issued in the summer of 1980.

Manual Reference: 305.400

4840 APPROVING PLANS FOR THE CONSERVATION OF EARNED INCOME

When AFDC has been established, the mother of a dependent child may conserve a portion of her earned income for the child's further education under a plan approved by the Department. The portion that is conserved does not count as earned income for the calculation of the grant amount or as an asset in the asset test of financial eligibility.

A plan for the conservation of income cannot be approved until the child starts his junior year of high school. The plan may continue through the child's last year in a college, technical, or vocational school.

A. Setting Up a Plan For a High School Junior

Step 1: Interview the grantee-relative and the student concerning the student's plan for further education.

Step 2: Obtain from the grantee-relative written permission to contact the principal or counselor of the child's high school (see CAG 5310: Collateral Contact Consent Form).

Step 3: Obtain from the principal or counselor documentation that there is in his or her opinion a plan for further education. Verification may be a written statement from the school official. The documentation must state what type of program appears to be appropriate at this time (such as a vocational school, junior college or college) and indicate what schools may be realistically considered by the student.

Step 4: If the documentation indicates that there is a realistic prospect of the child's admission to and enrollment in an institution of higher education, or a vocational or technical training program, income may be conserved. Note the facts supporting the decision whether or not to set up the plan in the case record. If the decision is not to set up a plan, the grantee-relative must be notified in writing, and informed of his or her right to appeal. (See CAG 5017: Using the NFL-17.)

Step 5: Estimate the total cost of the child's education including tuition, room and board, if any, and incidental expenses. The estimate should be based on costs for a school considered appropriate by the school official. See Section C below for the method used to determine the conservation plan.

When the student becomes a senior the appropriateness of the plan and its costs must be reassessed.

B. Setting Up a Plan For a High School Senior

Step 1: Interview the grantee-relative and the student concerning the student's plan for further education.

Step 2: Verify that the student has taken the necessary steps to apply for admission to at least one institution of higher education or a vocational or technical training program. If acceptance by a school has not yet been received, obtain written permission from the grantee-relative to contact the child's high school principal or counselor to obtain written substantiation that the student's applications are realistic.

Step 3: Ask whether a scholarship, grant, or student loan has been awarded. Obtain verification of the awards or loans. Verification is a copy of the award letter or note.

Step 4: Estimate the total cost of attendance including:

- tuition and fees;
- room and board (if applicable);
- incidental expenses; and
- commuting cost (if applicable);

Use estimates provided in the institution's catalog if available. See Section C below for the method used to determine the consercation plan.

C. Determining the Conservation Plan

Step 1: Subtract the amount of any scholarships, grants or loans awarded, if any, from the total estimated educational costs to determine the net educational costs.

Step 2: Determine the grantee-relative's average monthly gross income; see CAG 4330: Verification of Earned Income.

Step 3: Multiply the average monthly gross income by 70% to determine the monthly earnings net of work-related expenses. This is the amount of income to be conserved each month. Do not subtract 30 and one-third.

Step 4: Divide the net educational costs by the monthly amount to be conserved to determine the number of months that the grantee's earnings are to be conserved (round up to the nearest full month).

D. Monitoring the Plan

The amount of earned income conserved must be verified at each redetermination. If the recipient's assets exceed the monthly amount being conserved (Step 3 of Section C) times the number of months the conservation plan has been in effect, the amount in excess is to be considered as a countable asset unless it is the result of interest or dividends on the conserved earnings. If the amount conserved is less than 90 percent of the amount planned to be conserved ask the grantee-relative for an explanation. If the explanation indicates that conserved earnings were spent for other than educational costs terminate the plan (see Section E).

During the redetermination the plan may have to be readjusted because

- The grantee-relative's earnings have changed; or
- The educational expenses have changed.

When this occurs, you may have to recalculate the amount to be conserved and the time limits. Repeat the process outlined in Section C above deducting first all money previously conserved.

E. Termination

The plan must be terminated when the grantee has conserved the amount determined in Step 1 of Section C above. This will occur at the end of the number of months determined in Step 4 of Section C above. In no case may the conservation plan continue past the child's last year of undergraduate education. When the plan ends, you must count the earnings case in the usual manner; see CAG 3210: Grantee- Relative Starts Working.

The plan must also be terminated if

- The student changes his or her educational plan and does not intend to go on to school; or
- The amount conserved falls below 90% of the amount planned to be conserved because the grantee spent the earnings for items other than the students educational costs.

In either case, the earnings and assets must be considered in the usual manner in redetermining eligibility and the grant amount; see CSG 3210: Grantee-Relative Starts Working.

4840 CONSERVATION OF EARNED INCOME

Prior to 3/1/81, the Department allowed that a mother might conserve a portion of her income for the future education of a dependent child. With the elimination of this policy, such income is now countable in determining eligibility and the amount of the grant.

Income which was accumulated prior to 3/1/81 under an approved Conservation of Earnings plan with the Department remains a non-countable asset until such time as the dependent child for whom it was conserved completes or terminates the higher education for which the plan was intended. However, income conserved prior to 3/1/81 will be considered an asset and must be considered in the usual manner if:

- the student changes his or her educational plan and does not intend to go on to school; or
- the grantee spends the conserved earnings for items other than the student's educational costs.

T-4841 TEMPORARY NOTICE: ELIMINATION OF CONSERVATION OF EARNINGS POLICY

The Department has eliminated the policy which provided for the disregard of earned income which was being conserved for the higher education of a child. Consequently, conserved earned income may no longer be disregarded in determining the grant amount. The following steps explain how to implement this new policy.

Step 1: Identify all cases in your current caseload which you know are conserving income.

Step 2: Schedule a redetermination interview with the recipient; this will take priority over all other redeterminations indicated on the FOR-2.

Step 3: Conduct the redetermination according to regular procedures, with the addition of the following activities:

- Inform the recipient that the conservation of income policy has been eliminated.
- Explain that this will result in a decrease in the recipient's grant.
- Explain that income conserved after 3/1/81 will now be counted towards the $1,000 assets limitation and secure verification of the bank account balance. Income conserved prior to 3/1/81 will not be affected by this policy change. Go to Step 4.

Step 4: Give the recipient a Verification Checklist (VC-3) indicating the verifications needed to establish that the conservation plan has been terminated (i.e., wage records, bank statements, trust documents, etc.)

- If such verifications are not provided, see CAG 2121: Provision of Verification of Continuing Eligibility.
- If the verifications are provided, go to Step 5.

Step 5: Reduce the grant or terminate assistance as appropriate.

Income conserved prior to 3/1/81 will not be counted as an asset. However, any additions to this fund must be counted towards the $1,000 asset limitation for AFDC eligibility.

Any cases which are conserving income and are missed in this review must be corrected at the next regularly-scheduled redetermination.

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4850 PROTECTIVE PAYMENTS IN CASES OF GRANT MISMANAGEMENT

Mismanagement occurs when a grantee-relative fails to use funds in the best interests of the child. Mismanagement must be evident for a period of two months before you put an assistance unit on protective payments. Evidence of mismanagement includes:

- Failure to meet obligations, such as rent or utility;
- Evictions;
- Evidence that the dependent child is not properly fed or clothed;
- Accummulation of unmanageable debts; or
- The receipt of Emergency Assistance to avert eviction or utility shut-off.

Before you put an assistance unit on protective payments because of mismanagement, you should discuss the case with your supervisor.

The number and amount of payments varies depending on the circumstances. If the grantee-relative has had difficulty with the management of all budgetary items, protective payments should be established for all items. If only some items, such as rent or utilities, have been mismanaged, only these items will be provided through protective payments. See CAG 4781: Arranging Plans for Protective Payments.

When you put a case on protective payments because of mismanagement, the NFL-10 notifying the recipient of the reduction in the direct monthly grant must state:

- the date on which the protective payment arrangement will be established;
- the reasons for the action and a summary of the evidence;
- notification of the specific items which will be paid in the form of vendor payments;
- a citation to Section 306.620 of the Manual.

The grantee-relative must be referred to Social Services whenever a case is put on protective payments for mismanagement of funds. (See CAG 5530: SOC-7, Informational and Referral Communications Form.) You need not have the permission for the referral. You should reconsider the case at least every three

Manual Reference: 306.620

months to determine whether protective payments are still necessary. When you have reason to believe that the grantee-relative will not mismanage direct money payments again, you should, with the approval of your supervisor, terminate the protective payment status and reinstate the full cash grant.

In cases in which the protective payment status has continued, or apparently will continue, beyond one year, you must refer the case to Social Services for consideration of alternative arrangements for providing assistance to the child(ren). (See CAG 4830: Making Social Services Referrals.)

4860 DEVELOPMENT OF OTHER BENEFITS

As a condition of eligibility, an applicant or recipient must apply for any other (non-DPW) benefit for which (s)he may be eligible, and present verification of application when requested to do so.

The two exceptions to this requirement are that individuals who may be eligible for AFDC and SSI or non-Federal Veterans' Services benefits (under Mass. General Laws, Chapter 115) may elect to apply for and to participate in either program. Those individuals may not receive both SSI or non-Federal Veterans' Services benefits and AFDC at the same time.

CAG 4861: Referrals to Other Agencies, provides a list of the non-DPW benefits for which an applicant or recipient may be eligible, and summarizes their basic eligibility requirements.

If it appears that an AFDC applicant meets the eligibility requirements for one or more of these non-DPW programs, or any other such program that may be available, (s)he must apply for it, or them, as a condition of eligibility. Assistance may be provided until such benefits are actually received, at which time the unit's income eligibility should be reassessed.

If it appears that a recipient may have become eligible for these or other such benefits the recipient must apply for such benefits to remain eligible for AFDC. When the benefit is actually received, you must reassess the unit's income eligibility. See CSG 3310: Recipient Starts Receiving Unearned Income.

Manual Reference: 302.700

4861 REFERRALS TO OTHER AGENCIES

Applicants and recipients must apply for any financial benefits for which they may be eligible. Such benefits include:

- Unemployment Compensation;
- Worker's Compensation;
- Social Security;
- Veterans' Administration Federal Benefits;
- State Retirement Pensions; and
- Other Pensions.

Chart 4860 lists some of the most common of such benefit programs, their basic eligibility requirements and the agencies which administer them. Not all applicants or recipients who meet the basic requirements listed in the chart will actually be eligible; they must, however, explore their eligibility by filing an application.

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CHART 4860

NON-DPW FINANCIAL BENEFITS

BENEFITS	BASIC ELIGIBILITY CONDITIONS	WHERE TO APPLY
Unemployment Compensation	Anybody who has earned at least $1200 in the 52 week period preceeding his or her claim *may* be eligible unless (s)he was discharged from the most recent job due to *deliberate misconduct*.	Local Division of Employment Security Office.
Social Security	An individual is insured and entitled to Social Security if (s)he has a sufficient number of work quarters credited to his or her Social Security earnings record. (The number of quarters needed depends on many factors; generally however, the minimum needed is six.) The following insured workers and their relatives may be eligible: 1) A disabled insured worker under 65; 2) A retired insured worker 62 or over; 3) A spouse of an insured retired or disabled worker, who is over 62 or in the case of a wife, has the care of the worker's child; 4) The divorced wife over age 62 married at least 10 years to an insured retired or disabled worker; 5) The surviving spouse (including a surviving divorced wife) of a deceased insured worker when such spouse is 60 or over; 6) The dependent, unmarried child of an insured retired, disabled or deceased worker, when such a child is under 18, between 18-22 and attending school, or 18 or over but suffering a disability which began before (s)he reached age 22; 7) The disabled surviving spouse (including a surviving divorced wife) of a deceased insured worker, when such disabled spouse is 50 or over; and 8) The surviving spouse (including a surviving	Local Social Security Administration Office.

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BENEFITS	BASIC ELIGIBILITY CONDITIONS	WHERE TO APPLY
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BENEFITS	BASIC ELIGIBILITY CONDITIONS	WHERE TO APPLY
Supplemental Security Income	Anybody who is age 65 or older, blind, or disabled who does not have monthly countable income of more than $337 for an individual or $512 for a couple or countable resources of more than $1500 for an individual or $2250 for a couple.*	Local Social Security Administration Office
Workmen's Compensation	Anyone who is involved in a job-related accident.	Through their place of employment.
State Retirement Pension	Any retired state employee who has been employed for 20 years or has reached age 55 may be eligible. In addition, anyone who was employed by the state for longer than 6 months may be entitled to withdraw their retirement benefits as a lump sum payment. (An applicant or recipient should not be encouraged to withdraw benefits if (s)he has been absent from State employment for less than 2 years since repayment of withdrawn benefits is a condition of reemployment.)	State Retirement Board One Ashburton Place Boston, MA
Veteran's Services	Any honorably discharged veteran who served during wartime (not necessarily in a war zone) may be eligible. In addition, a mother of a deceased veteran whose death resulted from illness or injuries during war time service may also be eligible.	Local Veteran Service Boards
Veteran's Administration	Any honorably discharged veteran who served during war time may be eligible for disability benefits for injuries and illnesses incurred either while (s)he was in the service or in some cases while (s)he was a civilian.	Veterans Administration John F. Kennedy Building Government Center Boston, MA

* These amounts are subject to change.

4861 NON-DPW FINANCIAL BENEFITS

BENEFITS	BASIC ELIGIBILITY CONDITIONS	WHERE TO APPLY
Social Security (cont.)	divorced wife) of a deceased worker when such spouse is caring for a child under age 18.	
Supplemental Security Income	Anybody who is age 65 or older, blind, or disabled who does not have monthly countable income of more than $337 for an individual or $512 for a couple or countable resources of more than $1500 for an individual or $2250 for a couple.*	Local Social Security Administration Office
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4876 UTILIZATION OF ABSENT PARENT HEALTH INSURANCE COVERAGE

In many instances the AFDC family is covered by the absent parent's health insurance plan. This health insurance is considered a benefit available to the AFDC family and must be used before the Department will participate in any medical payments. Medicaid is required to pay only for the medical services not included in a health insurance plan in effect or whose costs are not covered up to the limits that Medicaid will pay.

Considerable Medicaid cost savings can be realized by utilizing the absent parent's health insurance plan. For this purpose the Child Support Enforcement Unit (CSEU) obtains this information during all face-to-face interviews held with absent parents. In addition, a health insurance questionnaire has been mailed to all absent parents presently on CSEU files.

Whenever the absent parent indicates the existence of third party medical coverage either through the face-to-face interview or through responses to the mailout, CSEU staff will complete Form A-24C; see CAG 5224 for instructions for use of this form. (The A-24C is a four page carbonized form. The original copy is forwarded to the AP worker for action. One copy is kept in the local CSEU files and the two remaining copies are forwarded to CSEU, 600 Washington Street, Boston. The A-24C contains the following information: the name and address of the present employer; the name of the health insurance company; the policy number; the effective date of the policy; the type of policy (family or individual); the name(s) of the individuals covered; and, the amount or the premium.)

It is important to remember that the family health insurance plan carried by the absent parent will only cover his/her dependents. Health insurance codes must be added to the Recipient Master File for only those individuals the A-24C indicates are covered by the plan.

Upon Receipt of the A-24C

Step 1: Conduct a case review to determine whether the proper insurance code is contained in block 31 for the grantee and block 64 for each dependent on the Turnaround Document. File the A-24C in the case record.

- If the TD is appropriately coded, no further action is required.
- If any family member is already covered by a health insurance policy which is not the absent parent's and the TD is appropriately coded, no further action is required for that person.
- If the TD is incorrectly coded for any family member, proceed to Steps 2 and 3.

Step 2: Submit a TD to correct the insurance code. See Appendix II: Using the Turnaround Document.

Step 3: Notify the recipient in writing that a family member(s) is covered by the absent parent's medical plan by use of Form TPL-1. See CAG 5201 for instructions for use of this form.

Inaccurate Health Insurance Data

There may be instances when the health insurance information contained in the A-24C and coded on the T.D. is inaccurate. If this is indicated to the worker by the recipient or another source such as a medical vendor, the worker must take the following actions.

Step 1: Attempt to contact the absent parent. If the contact is successful, proceed to Step 2. If the absent parent cannot be located, proceed to Step 3.

Step 2: Ascertain from the absent parent what is the current health insurance situation. If there is a change correct the file, notify the recipient with a TPL-1 and notify CSEU with an A-32B. See CAG 5232 for instructions for use of the A-32B.

Step 3: If the absent parent cannot be contacted, remove the code from the file and notify CSEU with an A-32B.

4880: ASSIGNMENTS FOR THIRD PARTY RECOVERIES

When AFDC, GR, EA or MA benefits are provided as a result of an accident, illness or injury, the recipient must assign to the Department a sum equal to the amount of the benefits, payable upon receipt of compensation from a third party.

The AFDC worker's role in the assignment collection process involves the following:

Interviewing

At each application and redetermination the worker must determine if the applicant or recipient is requesting or receiving AFDC or MA, which may be because of an accident, illness, or injury, to anyone in their assistance unit. Because the Department may at any time begin paying for unreported events of this kind, it is important that the worker inquire into this matter, not only at application, but at each redetermination and whenever it comes to the worker's attention.

The worker should first ask the client if he or she or anyone in the assistance unit has had a recent accident, illness, or injury. If the answer is yes, ask the client for details and inquire into whether or not AFDC or MA benefits are being requested or provided to pay for some of the cost of the accident, illness or injury.

Examples

1. A woman and her children have been receiving AFDC for more than a year. At redetermination the worker asks her if she or anyone in her family have recently had an accident, illness or injury. She says yes. Further inquiry reveals that she was injured three months ago when she tripped and fell in the hall of her apartment. She alleges that her medical expenses were paid by an insurance company. Since there may be other third party liability, (e.g. loss of wages), this recipient must be asked to complete the assignment form.

2. A woman and her children are applying for AFDC. The worker asks about recent illness, accident or injury. Inquiry reveals that the woman and her children were in an auto accident one month ago and that the injuries caused her to lose her job and has left her with unpaid medical bills. Therefore the client is requesting aid because of the accident.

Action to be Taken if it is Determined that Aid is Being Requested or Received Due to an Accident, Illness or Injury

1. Complete the Assignment of Third Party Recovery (A-16) (see Handbook section 5620) and have the applicant or recipient sign it. The A-16 must be signed and completed even if it seems unlikely that the client will be compensated by a third party. Failure on the part of an applicant or recipient to sign a completed A-16 is grounds for denying an application and for terminating assistance (see CAG 4710: Unreasonable Failure to Cooperate with Program Requirements).

2. Immediately after the A-16 is signed by the client, complete all relevant sections of the Assignment Information Sheet (A-17) (see Handbook section 5621 as follows:

   a. Write in the name and address of the applicant or recipient, the case identification number, the initial date of aid, and the worker's name.

   b. Complete Questions 1 through 7. This information is extremely important for tracking the progress of the case in the future.

   c. If the client is applying for benefits as a result of an accident, injury or illness for which a third party may be liable, check yes in Question 1.

   d. Date and place of accident should be noted in Questions 2 and 3.

   e. Differentiate the type of case (industrial accident, auto accident, etc.) in Question 4 so that the Assignment Collection Unit (ACU) can take appropriate action.

   f. Describe in Question 5 the illness, or injury so that the circumstances surrounding the accident and likelihood of 3rd party liability may be assessed. The kinds of events that are most likely to involve a third party liability for medical or maintenance expenses are:

      . a job-related accident or illness;

      . an auto accident;

      . a home accident, where the landlord or home owner's insurance company may be liable;

      . a violent crime in which applicant/recipient is the victim and the commonwealth may be liable;

- an accident, on public property (sidewalk, street, park, etc.); and
- a medical malpractice case.

g. List the attorneys involved in the case in Question 6 so that the ACU can track its progress.

h. List the insurance companies involved in the case in Question 7. Be aware that several insurers are often involved. Be sure to list all that are involved. Otherwise the Department may not be able to collect full reimbursement.

Distribution of A-16 and A-17 Forms

The A-16 is a pre-carbonized form containing an original and five copies. The A-17 is a pre-carbonized form with an original and one copy. Detach the last two copies of the A-16, give one copy to the client, file the other copy in the case record, file the copy of the A-17 in the case record, and send the original A-17 together with the A-16 original and remaining three copies to:

Assignment Collection Unit
Department of Public Welfare
Office of Finance, Fifth Floor
600 Washington St.
Boston, MA 02111

The Assignment Collection Unit (ACU) will distribute copies #2, #3 and #4 of the A-16. The Assignment Collection Unit at Central Office is responsible for computing the amount of the repayment and the collection of the repayment. If the repayment involves maintenance payments which were made before June 30, 1978, the unit will contact your office to obtain a statement listing the amounts of such payments. In all cases, the ACU will send a copy of the Discharge of Assignment to the local office along with a supplementary sheet indicating the amount of the settlement and net to the recipient. These are provided to assist the field worker in assessing the continued eligibility of the recipient in light of the settlement.

HOSPITAL REFERRALS OF POTENTIAL ASSIGNMENT CASE (Form A-18)

The A-18 Hospital Referral of Potential Assignment Case (see 5622) is sent to the director of the local office as a notice that A-16 and A-17 forms have not been received on a potential assignment collection case.

The A-18 is usually the result of a referral from a hospital after it has treated a Medicaid recipient for an accident related injury. Some hospitals have agreed to furnish the Department with such leads. When the A-18 and copy of the referral are received, the worker should review the file to determine if an A-16 is on file.

If so, a copy of the A-16 and A-17 should be returned to the Assignment Collection Unit with the A-18.

If the A-16 has not been completed, the recipient should be contacted for completion of the form. The A-16 and A-17 when received should be sent with a copy of the A-18 to the Assignment Collection Unit.

The completed A-16 and A-17 forms must be received by the ACU within thirty days of the date on the A-18.

Any questions concerning third party liability or assignments should be directed to the Assignment Collection Unit at 727-0660.

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5006 Using the NFL-6 Grant Increase Notice
5007 Using the NFL-7 Transfer Notice
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5009 Using the NFL-9 EA Approval/Denial Notice
5010 Using the NFL-10 Grant Reduction Notice
5011 Using the NFL-11 Case Action Notice
5012 Using the NFL-12 Implementation Notice
5013 Using the NFL-13 Death Notice
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PART IV

CASE ACTION GUIDES

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4910 BSI REFERRALS

As an AFDC worker, you have a responsibility to refer instances of possible fraud to the Bureau of Special Investigations. However, you are legally prohibited from investigating fraud. To understand the difference between detecting and referring instances of fraud and investigating fraud, you should refer to Section 2330, The Redetermination Interview and the Completion of the AP-2. This section specifies what your inquiries with recipients may concern, and explains how to focus your discussions with recipients on issues of current eligibility.

When to Make a Referral to BSI

You should complete a BSI referral whenever you have information to suggest an applicant, recipient or vendor has made an intentional misstatement in order to obtain a payment from the Department.

You must complete a BSI referral whenever you discover that a recipient has received an overpayment which was not caused by Department error or the continuation of payments pending an appeal (see CAG 4773).

You must complete a referral whenever a case involves inconsistent or contradictory information concerning current eligibility which you and the recipient cannot resolve through a collateral contact or other additional verifications.

When information from a computer match or another outside source or a statement by a recipient indicates that an overpayment may have been made or that an applicant or recipient may have attempted to procure an overpayment, you must review all appropriate records. If you determine that no error has been made by the Department, but the case record review indicates a discrepancy or contradiction of facts, the case must be referred to the BSI.

How to Make a Referral to BSI

All referrals to BSI must be made on form RFI-1: Referral for Investigation. This has been designed to supply to BSI only that information which it is legally permissible for the Department to supply and to convey to BSI the information needed to begin its investigation. For detailed instructions on how to complete this form see CAG 5610: RFI-1, Referral for Investigation.

What to do when BSI Returns a Referral

Once BSI has conducted its investigation or made a decision not to investigate the case further, it will return to your office a BSI Referral response form (or BSI-30 which is reproduced below). This response will inform you of the results of the investigation and, if the case has not been prosecuted, indicate to you its finding of the cause of the overpayment. If a cause is indicated, you must institute recovery according to the procedures outlined in CSG 3430: Overpayment Occurs. This recovery must be commenced within 10 days of your receipt of the BSI Referral response form by contacting the recipient to initiate recovery procedures.

4911 BSI INVESTIGATIONS

The Bureau of Special Investigations is the agency legally responsible for investigating cases of suspected fraud. Department staff are legally prohibited from conducting fraud investigations, although they may, of course, follow up on conflicting information about a recipient's present circumstances in order to determine current eligibility and grant amount.

Once you have referred a case to the BSI you may not require nor solicit from a recipient any verifications concerning the possible past fraud, other than information relevant to a determination of current eligibility. However, once BSI has completed its investigation and has indicated on a BSI Referral response form (BSI-30) that recovery may proceed, you may ask the recipient to provide you with the wage stubs or any other verification necessary to determine the amount of overpayment to be recovered. You may not terminate assistance for failure to provide such verification of past eligibility.

You may not accept an offer of repayment from a recipient and may not institute recovery during an ongoing investigation without authorization from BSI.

If BSI assigns an investigator to the case, your involvement in the investigation is limited to the following:

- You must allow the BSI to examine the case record of the recipient whose case is being investigated. If BSI requests the case record you must remove from the case record any information concerning the date or duration of a change in circumstances reported to you at a redetermination interview. Such information is contained on the AP-2 Supplement (see 2330: The Redetermination Interview and Completion of the AP-2). All such forms must be removed before examination by a BSI investigator. The information should be refiled in the case record when the BSI investigator completes his examination.

- You may be required to testify in court as a keeper of the case record if the case is prosecuted. Such testimony is not to be construed as a violation of the Department's Fair Information Practices. Testimony regarding the contents of the case record is to be understood as an integral part of worker activities.

- If the BSI investigation uncovers information relating to a recipient's current eligibility it will communicate this information to you as soon as it is developed. Upon receipt of such information you must, within 10 days, reassess the recipient's current eligibility and grant amount in light of the new information.

- You may not close a recipient's case because he fails to cooperate with a BSI investigation.

Manual Reference: 306.320

BUREAU OF SPECIAL INVESTIGATIONS

DATE:
BSI#:

TO: DIRECTOR

WSO
CSA

FROM:

RE:
CCW:
DATE OF FR-1:

Investigation by this Bureau resulted in the following:

☐ 1. RESTITUTION BY DIRECT PAYMENT (BSI-20 NEEDED)
☐ 2. PROSECUTION
☐ 3. UNDECLARED CONTRIBUTOR
☐ 4. UNREPORTED INCOME
☐ 5 MULTIPLE BENEFITS
☐ 6. CHECK INVESTIGATION
☐ 7. OTHER ________________
☐ 8. INELIGIBLE
☐ 9. RECOUPMENT BY GRANT DEDUCTION

REMARKS: ____

____

____

____

____

____

____

____

____

____

Investigator ____________________ orally advised ____________________

____________________, ____________________ WSO
CSA,

on ____________________ at ____________________ of the above information

APPROPRIATE REFERRAL - NON ACTIONABLE

[illegible]

4912 REFERRALS TO THE CENTRALIZED RECOUPMENT/RECOVERY UNIT

Whenever a case closes with a recovery amount outstanding, a referral of all such cases must be made to the Centralized Recoupment/Recovery Unit (CRU). All referrals will be made on form CRU-1 (see CAG 5641, Form for Referral to Centralized Recoupment/Recovery Unit.)

Such cases will include the following:

- cases where recovery has been in effect, but the repayment process was not completed by the time of the case closing.
- Cases where recovery was postponed due to lack of resources while the case remained active.
- Cases that close as a direct result of the discovery of the overpayment.

Before you close a recovery case, you should check to see that block #27 of the Turnaround Document (TD) is coded with an "R". Even if the case was coded incorrectly previously, or if it was correctly coded with an "M", "S", "T" or "W" while active (mixed codes that signify that the grant deduction is for other purposes in addition to recoupment purposes), a T.D. must be issued to change the code to "R" prior to closing the case. This ensures that the case will not be purged from the masterfile for 24 months.

Should this case reopen with a recovery amount still outstanding, the Financial Assistance Worker may obtain from the CRU exact figures as to the amount of money still owed to the Department. The case will then be reviewed by the Financial Assistance Worker to determine if a grant deduction is appropriate to continue the repayment of the debt.

4925 CASE RECORD ORGANIZATION

Case record materials must be placed in the appropriate sections of the case folder. Arrange the contents of the case folder in the following way:

Section One: Prior Redetermination and Case Maintenance Documents

Use section one to hold all documents obtained in the most recent redetermination and case maintenance activities so that they are readily available for review. After completing the next redetermination, remove all documents in section one and place them into sections two, three, and four according to their classification as defined below. Place the documentation from the just completed redetermination into section one. Place documentation which accrues from new case maintance activities into section one. Repeat this process with each subsequent redetermination.

In addition, the case narrative form (Form 5650) must remain in section one (see CAG 5650: Case Narrative Form).

Section Two: Non-Recurring, Procedural, and Referral Documents

Section two shall contain all documents which usually do not need to be updated for each redetermination. Generally, these documents are verifications of age and relationship, marital status, and procedural compliance, such as WIN registration and assignment of support rights. The documents to be placed in this section are:

- Birth Certificates or other acceptable proof of age and relationship
- Marriage licenses, Requests for Name Changes
- Out-of-State closing letters
- Divorce records, legal separation records
- CA-1 or other acceptable proof of separation
- Social Security cards, ENUM-2 or Form 5020
- CSEU forms, and CSEU-related documents
- WIN forms
- Mass. Rehab. forms
- Lien forms
- Alienage forms
- SOC-7, 51A
- UF-1
- Life insurance policies
- Deeds and titles
- Fraud referrals, recoupment forms

Section Three: Special Issuances

Section three shall contain all Emergency Assistance documents and special issuances. These include:

- PA-33A
- NFL-9, NFL-16
- EA verification
- EA related TDs (moving expenses)
- Copy of Temporary MA cards
- OTC Food Stamp Forms
- Replacement check forms
- Non-WIN training expenses
- K-Payments, Q-Payments, P-Payments

Section Four: General Chronology

Section four shall contain documentation of all the redeterminations and case maintenance activities which need to be updated for each redetermination and which are no longer filed in section one. In addition, it shall contain application documents and all transaction forms except those filed in section three. All the documentation in this section shall be arranged chronologically. Documents obtained during the application/redetermination process should be stapled to the AP-1 or AP-2 which was completed for that particular application/redetermination.

The documents to be placed in section four include:

- Pay stubs
- Award Letters
- Bank books, stocks and bonds, etc
- Rent receipts
- School verifications
- Medical reports
- Employment termination projects
- Special projects
- Pregnancy verifications
- Narratives
- Turnaround Documents
- Notification letters
- Budget sheets
- AP-1, AP-2
- Food Stamp forms
- QA reports
- QC reports
- Appeal forms

Purging of Case Documentation

All documentation listed in sections three and four that is dated two years prior to the most recent redetermination shall be purged at the time of that redetermination, EXCEPT FOR ALL NON-WIN RELATED TRAINING ISSUANCES. Purged documentation must be retained in a separate file.

Organizing Cases at Intake

All documentation obtained at intake shall be placed immediately in sections two, three, and four. Do not place intake documentation in section one.

4930 TRANSFERRING ACTIVE CASES

When a recipient moves to an area covered by another office, the case must be transferred to the appropriate new WSO/CSAO. The worker transferring the case has the following responsibilities in completing the transfer:

- Verification of the new address. Acceptable verification includes any of the documents listed in CAG 4040: Residence.
- Completion of a Turnaround Document changing the address and WSO/CSAO responsibility; see Appendix II: Using the Turnaround Document. Do not transmit and address change and case transfer on any turnaround document transmitting a grant reduction since the RDCU will not process such TDs until the effective date for the reduction.
- Notifying the recipient of the transfer to the new office. This notice is the NFL-7; the date through which your office will be responsible for the case is five calendar days from the completion date of the NFL-7. File a copy of the NFL-7 in the case record, and retain one for your office.
- Notifying DES/WIN and CSEU of the transfer, if appropriate. See CAG 4512: Notifying DES/WIN of Changes and CAG 5233: Form A-32B, Notice of Change.
- Arranging to terminate protective payments being made to vendors on behalf of the recipient.
- Sending the case record to the new CSAO/WSO by certified mail. It is important that the case record be complete and in good order.

The office to which the case record is being transferred has the following responsibilities in completing the transfer:

- Ensuring that the case record is complete. If items are missing, the office must contact the worker who was previously responsible for the case to complete the record.
- Assuming responsibility for the case on the day following the date on which the former office's responsibility ends, according to the NFL-7.
- Ensuring that any mandatory WIN registrants re-register with DES/WIN, if necessary.

4931 TRANSFERRING CLOSED CASE RECORDS

When a person who is applying for AFDC previously received assistance under any DPW program in another CSAO/WSO, you must request the closed case record from the former office. The request should be made by telephone, and followed up as soon as possible with a written request.

When an office receives a request for a closed case record, the office must determine whether the case still appears on its masterfile (usually up to six months after it has been closed).

- If it does not, the office need only mail the requested case record by certified mail to the new CSAO/WSO.

- If the case is still on the office's masterfile in a closed case status, a Turnaround Document must be completed to change the CSAO/WSO responsibility; see Appendix II: Using the Turnaround Document. Failure to do so will result in the computer rejecting the TD from the new CSAO/WSO opening the case.

4940 USE OF THE CASE ASSIGNMENT NUMBER (CAN)

The Case Assignment Number (CAN) is a unique number assigned to each assistance payment worker. Your CAN identifies the type of work you are engaged in, your Supervisor, and you as an individual within the unit. Your CAN must be entered on block 7 of all Turnaround Documents. If block 7 does not contain a valid number, the transactions on the document will be rejected. Your CAN must also be used in block 33 in the following circumstances:

- adding new cases to the recipient master file;
- re-opening cases on the recipient master file;
- acceptance by an Ongoing Payments Unit (OPU) of a case from the Entry Payments Unit (EPU);
- transfer of a case from one unit to another within the same office;
- receipt of a case from another office inter/intra region.

No AP worker, technician, or Supervisor can have more than one CAN. An individual who performs more than one type of job will have a number indicating that fact. If an entry payments worker completes a case and it cannot immediately be assigned to a ongoing payments worker, the CAN will be three zeros (000). The CAN for an uncovered case should always begin with a zero (0).

The number code used to create CANs are listed below, beginning with the first digit on the left.

0 - Unassigned

1 - Entry Payments Unit (EPU) - specialized intake only

2 - Ongoing Payments Unit (OPU) - categories 0, 2, 4, only

3 - Ongoing Payments Unit (OPU) - categories 0, 2, 4, only. (This code used only by WSO/CSAO's with more than 9 OPU's.)

4 - Mixed function/mixed category. EPU/OPU all categories 0 through 8, small offices, specialized Medicaid units in large offices

5 - Local or administrative staff - not for clerical or AP work staff

6 - Food Stamp staff only

7 - Regional Office staff, AP, RDCU, Regional SSI, etc.

8 - Central Office appeals use only

9 - Automatic update by computer systems as well as Central Office entry of certain updates, e.g., TEE project, HCHP update, SSI default cases, coding of "Pickle" cases.

The second digit indicates the unit supervisor's number, for example:

110 120 130 140

indicates there are four specialized intake units. The second digit identifies each of the four unit supervisors by number.

210 220 230 240

indicates there are four OPU's. The second digit identifies each of the four OPU supervisors by number.

310 320 330 340

use of function code 3 in the first digit indicates the existence of more than 9 OPU's for this WSO/CSAO. Again, the second digit identifies the OPU supervisor by number. Function code 3 (first digit) is to be used when all the numbers in the 200 range have been exhausted by an office with more than 9 OPU's.

The third digit indicates the number of the worker or technician assigned to the unit. For example:

111 112 113 114 115

indicates there are 5 workers assigned to the intake function (first digit, function code 1) in intake unit 1 (second digit, supervisor number 1).

221 222 223 224 225

indicates there are 5 social workers assigned to the OPU function.

There can only be 9 staff assigned to any particular function and supervisor.

The following numbers are assigned to the WSO/CSAO Administrative staff:

510 - Director

520 - Assistant Directors

530 - Assistant Directors

540 - Assistant Directors

550 - Other Administrative Staff

The following numbers are assigned to Regional Office staff:

710 - Associate Regional Manager - AP

720 - Administrative Assistants

740 - RDCU staff

770 - SSI staff

4950 QUALITY CONTROL CLEARANCE SCHEDULES

In order to monitor the accuracy of AFDC payments, the Division of Quality Control (QC) in the Office of Assistance Payments periodically reviews a sample of AFDC cases. If one of your cases is selected for review you will receive a report from QC (Form QC-1), indicating the results of the review.

If QC finds an error during its review, it will not correct the error, but will indicate on its report what corrective action you should take. You must, within 30 days of receiving the report:

- Take the indicated corrective action, making all necessary changes on the TD and following appropriate notification procedures;
- Make 2 copies of the QC-1 and the TD on which you implemented the necessary changes;
- Send one copy of the QC-1 and the TD to your Regional Office;
- Send one copy of the QC-1 and the TD to the Office of Field Management, 600 Washington Street, Boston, MA 02111.

For QC purposes, the issue is whether the case was in error on the date of review. It is possible, therefore, that you will have corrected the error prior to receipt of the QC-1. In such instances you must still notify the Regional Office and the Office of Field Management that the error was already corrected.

If QC indicates that it found no error in the case, you should still review the QC findings in case they provide information that was previously unknown to you.

If you disagree with the findings of the QC review, you should discuss the issue with your supervisor. If you both disagree with the QC reviewer, your supervisor should contact the QC supervisor at your Regional Office to request a review of the QC findings.

4960 Overview of DOR Match Procedures

Each quarter employers in Massachusetts are required to report the wages of their employees to the Department of Revenue (DOR). Available in a form which lends itself readily to computer matching, this information can be utilized to determine the accuracy of earnings information in our case files. Comparing DOR wage reports for individuals with our case record data allows us to determine whether recipients have reported their wages accurately. The match program is accomplished by utilizing a computer to compare names and Social Security numbers of employers' wage reports with the names and Social Security numbers in the masterfile. When there is a high probability that we have identified the right person's wages, the computer prints out a "Client Identification Page" (CIP). (See Exhibit A)

CIP's will be produced each quarter and forwarded to local offices for a case review. The first step in the case review is to compare the DOR data on the CIP with the DPW information in the case record for the same quarter. The purpose of this comparison is to determine if there is a discrepancy between the information on the CIP for that quarter and the information in the case record for the same quarter. Where a discrepancy exists, a referral to the Bureau of Special Investigations (BSI) must be made.

A discrepancy has occurred if:

- the CIP shows that the employee was working for an employer(s) who is not recorded in the case record in that quarter; and/or

- the CIP shows that the employee was earning an amount that is at least $30/month ($90/quarter) over the gross wages reported in the case record.

The second step in the case review is to evaluate in different ways the information on the CIP in relation to information in the case record since the match quarter. The purpose of these comparisons is to determine whether a redetermination of current eligibility is necessary.

The procedures that follow outline the steps to be taken: in assessing the information provided on the CIP; in reporting the actions required on the basis of that assessment; and in carrying out the required actions. The types of information provided on the CIP are described in Exhibit A, pages 2 and 3; however, the most important information you need from the CIP to process it is the name of the employer and the employee's quarterly wages. To ensure that the type and amount of earnings are accurately assessed, it is necessary to compare this information (earnings and employee name) on the CIP with information in the case record.

If during the DOR case review process you find an error in a case, you must correct the error. If the error can not be corrected without a redetermination and the case does not require a redetermination according to DOR match criteria, make note of that case. After you have completed all match work, discuss with your supervisor whether you should redetermine that case before you return to the FOR-2.

NOTE: Since many companies which maintain work locations in Massachusetts have their corporate headquarters outside the State, the "Employer Address" information on the CIP will often indicate an out-of-state address. Therefore, a match should not be dismissed as inaccurate simply because an out-of-state address appears on the CIP.

CIP SAMPLE

```
MASS DPW WAGE MATCH FOR QUARTER ENDING  9/30/80                    (97)  PAGE 1
ACTIVE CASE ON FMCS AS OF 2/13/81                      REGION 9    WSO 443  CAN 221

CAT SOC SEC NO.  BIRTHDATE RECIPIENT NAME AND ST/DATE   INCOME       GRANT
   GRT-ELIG  #DEP           ADDRESS                    TYPE   AMT     AMT

 2  123-45-6789  08/14/41  JOHNSON LOIS       03/29/78  F = 330.00   279
                           10 RIVER ST
    YES      03            JAM PLAIN MA 02119

Sept. 29, 1980  FMCS MATCHED  DOR QTR WAGES = $1440.00   E = 100.00
    NO         02             REGION 9 WSO 443

ACTION CODES____/___/___/___/___/

             ACTIVE                  ACTIVE               ACTIVE

SOC SEC NO - SFX   EMPLOYEE NAME             RECIPIENT NAME            EMPLOYEE
                   EMPLOYER NAME/ADDRESS     BIRTHDATE                 WAGES

123-45-6789  00    JOHNSON LOIS              JOHNSON LOIS
                   HUNTS SEAFOOD INC         08/14/41
                   2160 NW ALMEIDA                                     $990.00
                   ATT GEN ACCT MNGR
                   LOS ANGELES  CALIF
                                034
                                03417

SOC SEC NO - SFX   EMPLOYEE NAME             RECIPIENT NAME            EMPLOYEE
                   EMPLOYER NAME/ADDRESS     BIRTHDATE                 WAGES


987-65-4321  01    JOHNSON JASON             JOHNSON JASON
                   JEWEL TEA CORP            03/15/63
                   1113 EXECUTIVE PK                                   $450.00
                   BUILDING 02
                   NORTHSIDE AVE
                   CHICAGO ILL
                          04128
```

EXHIBIT A

4960-4

MASS DPW WAGE MATCH FOR QUARTER ENDING 9/30/80 (97) PAGE 1

IDENTIFIES THE CIP AS BEING PART OF THE DOR MATCH WITH DPW AND IDENTIFIES QUARTER BEING COMPARED.

THE NUMBER OF THIS PARTICULAR CIP IN THE ENTIRE STATEWIDE RUN.

IDENTIFIES FIRST PAGE NUMBER OF CIP FOR A CASE; IF A CASE REQUIRES MORE PAGES, THEY WILL BE NUMBERED CONSECUTIVELY.

ACTIVE CASE ON FMCS AS OF 2/13/81 REGION 9 WSO 443 CAN 221

IDENTIFIES THIS CIP AS HAVING RMF DATA CURRENT AS OF 2/13/81

DPW REGION AS OF 2/13/81

DPW WSO AS OF 2/13/81

DPW CAN AS OF 2/13/81

CAT SOC SEC NO. BIRTHDATE RECIPIENT NAME AND ST/DATE INCOME GRANT

GRT-ELIG #DEP ADDRESS TYPE AMT AMT

THESE TWO LINES IDENTIFY THE GROUPS OF INFORMATION THAT FOLLOW.

2 123-45-6789 08/14/41 JOHNSON LOIS 03/29/78 F = 330.00 $279.

DPW CATEGORY

SSN

GRANTEE DATE OF BIRTH

GRANTEE NAME

DATE CASE OPENED OR LAST REOPENED BEFORE 2/13/81

AN AMOUNT AND TYPE OF INCOME AS OF 2/13/81 "F"= AND AN AMOUNT MEANS FS EARNED INCOME FROM BLOCK 42 ON T.D. (IF NO AMOUNT APPEARS, CASE WAS NOT CONVERTED.) E, M, Z AND THE AMOUNT IN BLOCK 26 OF THE T.D. WILL APPEAR IF THE F.S. CASE WAS NOT ACTIVE. NO CODES OR AMOUNTS WILL APPEAR IF THE CASE WAS INACTIVE ON F.S. AND NO CODES APPEARED IN BLOCK 27.

GRANT AMOUNT AS OF 2/13/81 CENTS HAVE BEEN ELIMINATED.

YES 03 10 RIVER ST

JAM PLAIN MA 02119

STATES WHETHER THE GRANTEE WAS ELIGIBLE AS OF 2/13/81

NUMBER OF DEPENDENTS PARTICIPATING IN THE BUDGET AS OF 2/13/81

DPW CASE ADDRESS AS OF 2/13/81

SEPT. 29. 1980 FMCS MATCHED DOR QTR WAGES = $ 1440.00 E = 100.00

INDICATES THAT THE DATA ON THIS LINE AND THE NEXT IS 9/29/80DATA.

INDICATES THAT THE AMOUNT THAT FOLLOWS IS THE TOTAL CASE WAGES FOR ALL MATCHED PERSONS ON WHOM DOR HAS A RECORD.

AN AMOUNT AND TYPE OF INCOME AS OF 9/29/80 "F" = AND AN AMOUNT MEANS F.S. EARNED INCOME FROM BLOCK 42 ON T.D. (IF NO AMOUNT APPEARS, CASE WAS NOT CONVERTED.) E, M, Z AND THE AMOUNT IN BLOCK 26 OF THE T.D. WILL APPEAR IF THE F.S. CASE WAS NOT ACTIVE. NO CODES OR AMOUNTS WILL APPEAR IF THE CASE WAS INACTIVE ON F.S. AND NO CODES APPEARED IN BLOCK 27.

EXHIBIT A
4960-5

NO	02	REGION 9	WSO 443
STATES WHETHER THE GRANTEE WAS ELIGIBLE AS OF 9/29/80; IF THE GRANTEE WAS NOT A MATCH THIS SPACE WILL BE BLANK.	THE NUMBER OF DEPENDENTS PARTICIPATING IN THE BUDGET AS OF 9/29/80	REGION AS OF 9/29/80	WSO AS OF 9/29/80

ACTION CODES ____/____/____/____/____/

INSTRUCTIONS FOR USE OF THIS LINE APPEAR IN THE BODY OF THIS MEMO.

ACTIVE ACTIVE ACTIVE

THE ABOVE SEPARATES DPW DATA FROM DOR DATA

SOC SEC NO - SFX	EMPLOYEE NAME EMPLOYER NAME/ADDRESS	RECIPIENT NAME BIRTHDATE	EMPLOYEE WAGES

THESE TWO LINES IDENTIFY THE GROUPS OF INFORMATION THAT FOLLOW.

123-45-6789	00	JOHNSON LOIS HUNTS SEAFOOD INC 2160 NW ALMEIDA ATT GEN ACCT MNGR LOS ANGELES CALIF 034 03417	JOHNSON LOIS 8/14/41	$990.00
SSN OF A PERSON PARTICIPATING IN THE GRANT AND APPEARING AS A MATCH.	DPW SUFFIX NUMBER OF THE MATCHED PERSON.	DOR EMPLOYEE NAME. DOR EMPLOYER NAME AND ADDRESS	GRANTEE (OR DEPENDENT) NAME AND DATE OF BIRTH AS IT APPEARS ON THE RMF.	QUARTERLY WAGES OF MATCHED PERSON ON WHICH DOR HAS A RECORD.

SOC SEC NO -SFX	EMPLOYEE NAME EMPLOYER NAME/ADDRESS	RECIPIENT NAME BIRTHDATE	EMPLOYEE WAGES

THESE TWO LINES IDENTIFY THE GROUPS OF INFORMATION THAT FOLLOW.

987-65-4321	01	JOHNSON JASON JEWEL TEA CORP 1113 EXECUTIVE PK BUILDING #2 NORTHSIDE AVE CHICAGO ILL 04128	JOHNSON JASON 02/15/63	$450.00
SSN OF A PERSON PARTICIPATING IN THE GRANT AND APPEARING AS A MATCH.	DPW SUFFIX NUMBER OF THE MATCHED PERSON	DOR EMPLOYEE NAME. DOR EMPLOYER NAME AND ADDRESS.	GRANTEE (OR DEPENDENT) NAME AND DATE OF BIRTH AS IT APPEARS ON THE RMF.	QUARTERLY WAGES OF MATCHED PERSON ON WHICH DOR HAS A RECORD.

4960 - 6
EXHIBIT B

REFERRAL TO BUREAU OF SPECIAL INVESTIGATIONS

TO : GENERAL COUNSEL, LEGAL DIVISION
DEPARTMENT OF PUBLIC WELFARE
600 WASHINGTON STREET
BOSTON, MASSACHUSETTS 02111

CHECK EACH CATEGORY
WHICH APPLIES

CATEGORY ☐ AFDC ☐ SSI ☐ GR ☐ MA ☐ FOOD STAMPS

CASE NAME	DATE OF REFERRAL
MAIDEN NAME OR ALIASES	CASE NUMBER
DATE AND PLACE OF BIRTH	WSO - ADDRESS AND TELEPHONE NUMBER
LAST ADDRESS TELEPHONE NUMBER	LAST KNOWN PLACE OF EMPLOYMENT AND DATES
NAME OF SPOUSE ADDRESS TELEPHONE NUMBER	NAMES AND AGES OF DEPENDENT CHILDREN

DETAILS OF COMPLAINT

______________________'s name appears on the recent DOR computer match
(Recipient's Name)
as having worked during the ______________ quarter of __________ and
(Name of Quarter) (Year)

earned $ ______________ at ______________________________,
(Quarter Earnings) (Employer Name)

______________________. I have reviewed the case file and it appears
(Employer Address)

☐ This information was not reported to the Department.

☐ The recipient did not report all of the wages earned to the Department.

SUPERVISOR'S SIGNATURE	CASE WORKER'S SIGNATURE

BSI-1

4960 - 7
Exhibit C

The Commonwealth of Massachusetts
Department of Public Welfare

WILLIAM T. HOGAN, JR.
Commissioner

DATE: ____________________

TO: ____________________
employer name

____
employer address

____
employer city and zip code

RE: ____________________
recipient name

____
recipient address

____
recipient city and zip code

____
recipient social security number

Dear

On behalf of the above-named recipient, we request that you indicate by checking the appropriate box, whether or not (s)he is CURRENTLY in your employ. Please do not furnish any information you may have concerning his or her work history, and do not complete this form if the recipient has not signed the statement below.

____
welfare office employee name

____
welfare office address

____
welfare office city and zip code

AUTHORIZING STATEMENT

I authorize you to indicate to the Department of Public Welfare whether or not I am CURRENTLY in your employ. Do not furnish information concerning my work history.

____
recipient's signature

____
date of recipient's signature

TO: Department of Public Welfare

☐ The above recipient IS NOT currently in my employ.

☐ The above recipient IS currently in my employ.

____
signature

____
position in company

____
date of signature

DORL-1 (Rev. 3/81)

Exhibit D
4960-8

DOR DISCREPANCY FORM

Case Name

Match Qtr. (Circle one) 3 6 9 12 Year

Circle 3 if Jan.-Mar., 6 if Apr.-June, 9 if July-Sept. and 12 if Oct.-Dec.

DOR Data (CIP)

1. DOR Quarterly Earnings for Case - From CIP	
2. Subtract $90	- 90
3. DOR Earnings for Comparison	

Case Record Data (Match Quarter)

4. Calculation of Gross Monthly Earned Income of Case for Match Quarter (If necessary)

5. Gross Monthly Earned Income	
6. Multiply by 3	X 3
7. Match Quarter Case Record Data for Comparison	

Results for Match Quarter: is Line 3 Greater than Line 7?

___ Yes (Discrepancy)
___ No (No Discrepancy)

Worker________________________ Date________________________

4961 AFDC DOR Match Procedures

Step 1: Conduct a case review to compare the information in the case record regarding earnings during the match quarter with DOR data provided on the CIP.

If the case appeared on a previous DOR match, the case was correctly acted upon, and the CIP shows no new discrepancies (see 4960 for the definition of a discrepancy), code the first block of the CIP "P" and proceed to Step 6. If the case was not correctly acted upon, conduct a complete review in accordance with the following procedures.

A. If the employment and earnings information on the CIP is consistent with the match quarter and with current case record data and;

1) The information has been correctly acted upon, code the first block of the CIP "N". Proceed to Step 6.

EXAMPLE: The case record indicates that earnings were reported to the Department and the appropriate change in budget was made.

2) The information was not correctly acted upon, schedule a redetermination and proceed to Step 4.

EXAMPLE: The case record indicates that the information was reported to the Department but the appropriate change in budget was not made.

B. If a discrepancy exists between the DOR data and the case record data for the same quarter, but knowledge of the information would not have resulted in a benefit change, code the first block of the CIP "N". Proceed to Step 6.

EXAMPLE: The unreported earnings belong to a non-needy, non-legally liable grantee relative, and therefore are not counted.

EXAMPLE: The earnings belong to a dependent 16 or over and the case record contains school verification for any time during the school year in which the match quarter occurred.

C. If a discrepancy exists between current case record data and the DOR data, but not between the DOR data and case record data for the same quarter, code the first block of the CIP "N" and proceed to Step 6.

EXAMPLE: The case record shows discrepant employment information but it is more current than the information contained in the CIP. The DOR data is, therefore, no longer relevant.

D. If a discrepancy exists (or may exist) between DOR data and the case record data for the same quarter but not between DOR data and current case record data, an overpayment may have occurred. Code the first block of the CIP "N", the second block "B". Proceed to Step 2.

EXAMPLE: The case record indicates that earnings currently recorded in the case record were unknown to the Department during the match quarter. Therefore, the recipient's actual employment start date may be different than the reported one.

EXAMPLE: The earnings belong to a dependent 16 or over and the case record does not contain school verification for any time during the school year in which the match occurred.

E. If a discrepancy exists among DOR data, case record data for the same quarter, and current case record data, an overpayment may have occurred. Code the second block of the CIP "B" and proceed to Step 2.

EXAMPLE: The DOR match indicates that the recipient may have had unreported earnings in the match quarter and that these earnings have not been fully reported since that data.

Step 2: Fill out, in duplicate, the BWA-1 (Exhibit B) on the basis of the information concerning this quarter only.

Because the case was categorically eligible for medical assistance, check the MA box on the BWA-1 as well as the AFDC box.

If the case was on Food Stamps at any time during the match quarter, check all three categories (AFDC, MA and Food Stamps) on the BWA-1 because there is a possibility that overparticipation has occurred in this program.

Submit the original to the CSAO/WSO Director or designee as soon as you have completed it. File the copy in the case record. Do not initiate recoupment procedures.

NOTE: The special BWA-1 is for use in DOR matches only. Do not use it for other referrals to the BWA.

If the case falls into category (D) above, proceed to Step 6.

If the case falls into category (E) above, proceed to Step 3.

Step 3: Schedule a redetermination for the earliest date after the BWA referral has been submitted and proceed to Step 4.

Step 4: Conduct the redetermination interview, focusing solely on current eligibility. Information from a computer match may be used only as it affects current eligibility. Do not discuss with the recipient whether you have completed a BWA referral.

If the recipient is currently employed, (s)he must submit wage stubs covering the last five weeks of employment to enable the worker to evaluate current income. Evaluate income for AFDC purposes in accordance with CAG 4300 through 4360 of the Handbook.

If a computer match indicates past employment by an employer who was not known to the Department, and the recipient states (s)he is not currently employed by that employer, you must require the recipient to submit a DORL-1 (Exhibit C) signed by the employer verifying this. The recipient may choose to submit the DORL-1 to the employer. If not, you must send the form to the employer.

Before you give the recipient the form or mail it to the employer, make sure that the recipient signs it, that you have indicated your return address on the letter and that you have made a copy for the case record.

Refusal of the recipient to sign the DORL-1 will be cause for termination of assistance (Manual Citation: 302.310). Keep a record of the DORL-1's you have sent and when they must be returned.

During the redetermination interview, the recipient may volunteer information which indicates that overpayment may have occurred. If it appears that this was not due to Department error, record the information and submit another BWA-1, marking it second referral (see Step 2). Do not ask questions about the information volunteered by the recipient.

NOTE: If the match identifies what appears to be a different person, make sure that the recipient's Social Security number is correct by comparing the Social Security number on the T.D. with the number on the recipient's Social Security card. If the recipient does not have a Social Security card, follow the procedures in Section 3160 of the AFDC Worker Handbook. (If the case record does not contain a photocopy of the recipient's Social Security card, the recipient must submit it so that a copy can be made for the comparison Manual Citation: 302.300). If the number on the masterfile is incorrect, correct it.

Step 5: Depending on the outcome of the redetermination, code the first block of the CIP as follows:

I	the grant is increased
D	the grant is decreased
C	the case is closed
Z	the grant is not changed

Step 6: Submit the completed CIP, case record, and any other necessary documents to your supervisor.

T-4963 DOR V Match Procedures

Temporary procedures for DOR V, which involves the third quarter (July, August and September) of 1980, are necessary because in some situations work on DOR IV has not been completed. DOR IV involves CIP's from the fourth quarter (October, November and December) of 1979 and the first quarter (January, February and March) of 1980. Some of the CIP's from DOR IV were filed in the case record, and work may not have been completed on all of them. Work on the filed CIP's must be completed according to the following temporary procedures before work in the usual manner is then performed on DOR V. Work on the filed CIP's involves simply determining whether a referral to BSI is necessary. No coding is to be done on DOR IV CIP's.

Because CIP's from up to three quarters may be involved in one case record, a more concise method of differentiating quarters in these cases is necessary. A quarter will be identified by the number of the last month in the quarter. For example, the fourth quarter of 1979 will be identified as 12/79, the first quarter of 1980 will be identified as 3/80, and the third quarter of 1980 will be identified as 9/80.

Step 1: Determine whether the case record contains a 12/79 and/or a 3/80 CIP which has been filed but on which work has not been completed.

If it contains neither, complete work on the 9/80 DOR V CIP by following the normal DOR Match Procedures contained in CAG 4965.

If it contains one or both, proceed to Step 2.

Step 2: If a 12/79 CIP is not present, go to Step 3. If a 12/79 CIP is present, ignore the current case record data for the time being. Compare all the employer(s) and all the earnings data on the 12/79 CIP with the data reported by the recipient for the 12/79 quarter.

If knowledge of the information would have been irrelevant to the budget (for example, the earnings belong to a non-needy, non-legally liable grantee), write the word "completed" on the CIP. Do not code it. Go to Step 3.

NOTE: In some cases, if the earnings belong to a dependent, determining whether knowledge of the information would have been irrelevant to the budget depends on whether the dependent was in school. If the case record contains verification of school attendance during the September 1979 - June 1980 school year, assume that the CIP information is irrelevent to the budget. If it does not, assume that it is relevant.

If knowledge of the information may have been relevant to the budget, complete the DOR Discrepancy Form, CAG 4960-8, Exhibit D.

If a discrepancy (see CAG 4960 for the definition of discrepancy) does not exist, write the word "completed" on the CIP. Do not code it. Staple the CIP to the DOR Discrepancy Form. Go to Step 3.

If a discrepancy does exist (or you are unable to determine wheter one exists), an overpayment may have occurred. Complete a BSI referral in accordance with the procedures contained in Step 2 of CAG 4965. Do not code the CIP. Write the word "completed" on the CIP and staple the copy of the BSI referral, the CIP and the DOR Discrepancy Form together in that order. Proceed to Step 3 of this CAG when you are done.

Step 3: If a 3/80 CIP is not present, complete work on the 9/80 DOR V CIP by following the normal DOR match procedures contained in CAG 4965. If a 3/80 CIP is present, ignore the current case record information for the time being. Compare all the employer(s) and all the earnings data on the 3/80 CIP with the data reported by the recipient for the 3/80 quarter.

If knowledge of the information would have been irrelevant to the budget (for example, the earnings belong to a non-needy, non-legally liable grantee), write the word "completed" on the CIP. Do not code it. Complete work on the 9/80 DOR V CIP by following the normal DOR match procedures contained in CAG 4965.

NOTE: In some cases, if the earnings belong to a dependent, determining whether knowledge of the information would have been irrelevant to the budget depends on whether the dependent was in school. If the case record contains verification of school attendance during the September 1979 - June 1980 school year, assume that the CIP information is irrelevant to the budget. If it does not, assume that it is relevant.

If knowledge of the information may have been relevant to the budget, the DOR Discrepancy Form, CAG 4960-8, Exhibit D.

If a discrepancy does not exist, write the word "completed" on the CIP. Do not code it. Staple the CIP to the DOR Discrepancy Form. Complete work on the 9/80 DOR V CIP by following the normal DOR match procedures contained in CAG 4965.

If a discrepancy does exist (or you are unable to determine whether one exists), an overpayment may have occurred. Complete a BSI referral in accordance with the procedures contained in Step 2 of CAG 4965. Do not code the CIP. Write the word "completed" on the CIP and staple the copy of the BSI referral, the CIP, the DOR Discrepancy Form together in that order. Complete work on the 9/80 DOR V CIP by following the normal DOR Match Procedures contained in CAG 4965.

T-4964 DOR IV MATCH PROCEDURES AT NEXT REDETERMINATION

DO NOT USE THESE PROCEDURES DURING DOR V. These instructions are for use at the next redetermination after DOR V. (For instructions for use of DOR IV CIP's during DOR V, see CAG T-4963 DOR V Match Procedures). DOR IV involves two quarters: the fourth quarter (October, November and December) of 1979 and the first quarter (January, February and March) of 1980. Although DOR III also involved the fourth quarter of 1979, the filed DOR IV CIP's represent new employer and earnings data that had not been forwarded to local offices during DOR III.

These special procedures are to be used in conjunction with normal redetermination procedures. They are divided into two groups. One group has to do with special case review procedures. The other has to do with special redetermination interview procedures.

(1) Special Case Review Procedures

Do not review the case record (see CAG 2320 Reviewing the Case Record) in the presence of the recipient. Determine whether the case record contains a CIP from the fourth quarter of 1979 and/or the first quarter of 1980 on which work has not been completed. If it contains neither, no further special DOR IV redetermination procedures are necessary. If it contains one or both, you must perform the following procedures for each CIP on which work has not been completed.

Ignoring the current case record for the time being, compare all the employer(s) and all the earnings data on the CIP with the data reported by the recipient for the CIP quarter.

If knowledge of the information would have been irrelevant to the budget (for example, the earnings belong to a non-needy, non-legally liable grantee), write the word "completed" on the CIP. Do not code it. Proceed with normal redetermination procedures.

NOTE: In some cases, if the earnings belong to a dependent, determining whether knowledge of the information would have been irrelevant to the budget depends on whether the dependent was in school. If the case record contains verification of school attendance during the September 1979 - June 1980 school year, assume that the CIP information is irrelevent to the budget. If it does not, assume that it is relevant.

If knowledge of the information may have been relevant to the budget, complete the DOR Discrepancy Form, CAG 4960-8, Exhibit D.

If a discrepancy (see CAG 4960 for the definition of discrepancy) does not exist, write the word "completed" on the CIP. Do not code it. Staple the CIP to the DOR Discrepancy Form. Proceed with normal redetermination procedures.

If a discrepancy does exist (or you are unable to determine whether one exists), an overpayment may have occurred. Complete a BSI referral in accordance with the procedures contained in Step 2 of CAG 4965. Do not code the CIP. Write the word "completed" on the CIP and staple the copy of the BSI referral, the CIP and the DOR Discrepancy Form together in that order. Proceed with the special redetermination procedures which follow.

(2) Special Redetermination Interview Procedures

Make sure you have submitted the BSI referral to the CSAO/WSO Director or designee before you interview the recipient. In the redetermination interview, do not discuss with the recipient whether you have completed a BSI referral. Focus solely on current eligibility.

If the employer(s) was known during or after the match quarter(s), no further special DOR IV redetermination procedures are necessary.

If the recipient reports that (s)he is currently employed by the listed employer(s) (and/or any other employer(s)), (s)he must submit wage stubs covering three weeks of employment (in accordance with CAG 4330) to enable the worker to evaluate current income. Evaluate income for AFDC purposes in accordance with CAG 4300 through 4360 of the Handbook.

If the recipient reports that (s)he is not currently employed by that employer(s), a DORL-1 (CAG 4960-7, Exhibit C) verifying this, signed by the employer(s) must be submitted. To expedite this process, send the DORL-1 directly to the employer(s) unless the recipient states that (s)he chooses to submit it to the employer(s).

NOTE: If the CIP states that the employer is the Commonwealth of Massachusetts or the City of Boston and if you are sending the DORL-1 directly to the employer(s), you must send the DORL-1 to the appropriate division within the Commonwealth or the City of Boston. If the recipient does not supply you with the name of a division, you must submit the recipient's name and Social Security number to the Director or designee. He or she will make an inquiry and furnish you with the name and address of the appropriate division.

Before you send the form to the employer(s) or give it to the recipient, make sure that the recipient signs it, that you have indicated your return address on the letter and that you have made a copy for the case record. If the recipient has chosen to submit the DORL-1 to the employer, inform the recipient that the DORL-1 must be returned within two weeks.

Refusal of the recipient to sign the DORL-1 will be cause for termination of assistance (Manual Citation: 302.310). Keep a record of the DORL-1's you have sent and when they must be returned.

If you have sent the DORL-1 directly to the employer(s) and it has not been returned completed within two weeks, make a copy of the DORL-1 in the case record and send the copy to the employer(s). If this copy has not been returned within two weeks, assume that the employer(s) is unable or unwilling to return the form. Make another copy of the DORL-1 in the case record and submit the copy to the Director or designee. No further action on the DORL-1 is necessary.

If the recipient has chosen to submit the DORL-1 to the employer(s) and it has not been returned completed within two weeks, inform the recipient that you must send a new DORL-1 directly to the employer(s). Before you send the new DORL-1 to the employer(s), the recipient must sign it. (Refusal of the recipient to sign the DORL-1 will be cause for termination of assistance. Manual Citation: 302.310). Indicate your return address on the DORL-1 and make a copy of it for the case record. If the second DORL-1 has not been returned within two weeks, assume that the employer(s) is unable or unwilling to return the form. Make another copy of the DORL-1 in the case record and submit the copy to the Director or designee No further action on the DORL-1 is necessary.

During the redetermination interview, the recipient may volunteer information which indicates that overpayment may have occurred. If it appears that this was not due to Department error, record the information and submit another BSI-1, marking it "second referral" (see Step 2 of CAG 4965). Do not ask questions about the information volunteered by the recipient.

NOTE: If the match identifies what appears to be a different person, make sure that the recipient's Social Security number is correct by comparing the Social Security number on the T.D. with the number on the recipient's Social Security card. If the recipient does not have a Social Security card, follow the procedures in CSG 3160 of the AFDC Worker Handbook. (If the case record does not contain a photcopy of the recipient's Social Security card, the recipient must submit it so that a copy can be made for the comparison, Manual Citation: 302.300). If the number on the masterfile is incorrect, correct it.

Staple the copies of any BSI referrals, the CIP and any DOR Discrepancy Form together in that order. Submit all match documents to your supervisor when you submit the redetermination. The match documents should be filed in Section One of the case record.

4965 DOR Match Procedures

Step 1: Ignore current case record data for the time being. Compare all the employer(s) and all the earnings data on the CIP with the data reported by the recipient FOR THE MATCH QUARTER ONLY.

If knowledge of the information would have been irrelevant to the budget (for example, the earnings belong to a non-needy, non-legally liable grantee), you must perform a non-DOR match activity. That is, you must determine whether a discrepancy exists (see CAG 4960 for the definition of discrepancy) between the employer(s) and earnings data on the CIP and the earnings reported in Food Stamps. If no discrepancy exists, no further non-DOR match activity is necessary. If a discrepancy does exist, you must complete a (non-DOR match) BSI referral, an FR-1. Do not code the CIP B. Make note of the case. After you have completed all match work, you must verify earnings for Food Stamps. Go to Step 5.

NOTE: In some cases, if the earnings belong to a dependent, determining whether knowledge of the information would have been irrelevant to the budget depends on whether the dependent was in school. If the case record contains verification of school attendance any time during the match quarter school year, assume that the CIP information is irrelevant to the budget. If it does not, assume that it is relevant.

If knowledge of the information may have been relevant to the budget, complete the DOR Discrepancy Form, CAG 4960-8, Exhibit D.

If a discrepancy (see CAG 4960 for the definition of discrepancy) does not exist, go to Step 5.

If a discrepancy exists (or you are unable to determine whether a discrepancy exists), an overpayment may have occurred. A BSI referral must be completed. Go to Step 2 for instructions concerning the referral.

Step 2: Fill out, in duplicate, the BSI-1 (CAG 4960-6, Exhibit B) on the basis of the information concerning this quarter only.

Because the case was categorically eligible for medical assistance, check the MA box on the BSI-1 as well as the AFDC box.

If the case was on Food Stamps at any time during the match quarter, check all three categories (AFDC, MA and Food Stamps) on the BSI-1 because there is a possibility that overparticipation has occurred in this program as well.

Submit the original BSI-1 to the CSAO/WSO Director or designee as soon as you have completed it. The copy is for the case record.

DO NOT INITIATE RECOUPMENT PROCEDURES AT THIS TIME. Code the second blocks of the CIP B.

NOTE: The special BSI-1 is for use in DOR matches only. Do not use it for other referrals to the BSI.

Go to Step 3.

Step 3: Determine whether the employer(s) listed was known during or after the match quarter.

If the employer(s) was known during or after the match quarter and, if the case record contains verification of termination of this employment, go to Step 5.

If the employer(s) was known during or after the match quarter and the case record does not contain verification of termination of this employment, go to Step 4.

If the employers(s) was not known during or after the match quarter, schedule a redetermination, making sure that the BSI referral has already been submitted.

In the redetermination interview, do not discuss with the recipient whether you have completed a BSI referral. Focus solely on current eligibility.

If the recipient reports that (s)he is currently employed by that employer(s) (and/or any other employer(s)), (s)he must submit wage stubs covering three weeks of employment (in accordance with CAG 4330) to enable the worker to evaluate current income. Evaluate income for AFDC purposes in accordance with CAG 4300 through 4360 of the Handbook.

If the recipient reports that (s)he is not currently employed by that employer(s), a DORL-1 (CAG 4960-7, Exhibit C) verifying this, signed by the employer(s) must be submitted. To expedite this process, send the DORL-1 directly to the employer(s) unless the recipient states that (s)he chooses to submit it to the employer(s).

NOTE: If the CIP states that the employer is the Commonwealth of Massachusetts or the City of Boston and if you are sending the DORL-1 directly to the employer(s), you must send the DORL-1 to the appropriate division within the Commonwealth or the City of Boston. If the recipient does not supply you with the name of a division, you must submit the recipient's name and Social Security number to the Director or designee. He or she will make an inquiry and furnish you with the name and address of the appropriate division.

Before you send the form to the employer(s) or give it to the recipient, make sure that the recipient signs it, that you have indicated your return address on the letter and that you have made a copy for the case record. If the recipient has chosen to submit the DORL-1 to the employer, inform the recipient that the DORL-1 must be returned within two weeks.

Refusal of the recipient to sign the DORL-1 will be cause for termination of assistance (Manual Citation: 302.310). Keep a record of the DORL-1's you have sent and when they must be returned.

If you have sent the DORL-1 directly to the employer(s) and it has not been returned completed within two weeks, make a copy of the DORL-1 in the case record and send the copy to the employer(s). If this copy has not been returned within two weeks, assume that the employer(s) is unable or unwilling to return the form. Make another copy of the DORL-1 in the case record and submit the copy to the Director or designee. No further action on the DORL-1 is necessary.

If the recipient has chosen to submit the DORL-1 to the employer(s) and it has not been returned within two weeks, inform the recipient that you must send a new DORL-1 directly to the employer(s). Before you send the new DORL-1 to the employer(s), the recipient must sign it. (Refusal of the recipient to sign the DORL-1 will be cause for termination of assistance. Manual Citation: 302.310). Indicate your return address on the DORL-1 and make a copy of it for the case record. If the second DORL-1 has not been returned within two weeks, assume that the employer(s) is unable or unwilling to return the form. Make another copy of the DORL-1 in the case record and submit the copy to the Director or designee. No further action on the DORL-1 is necessary.

During the redetermination interview, the recipient may volunteer information which indicates that overpayment may have occurred. If it appears that this was not due to Department error, record the information and submit another BSI-1, marking it "second referral" (see Step 2). Do not ask questions about the information volunteered by the recipient.

NOTE: If the match identifies what appears to be a different person, make sure that the recipient's Social Security number is correct by comparing the Social Security number on the T.D. with the number on the recipient's Social Security card. If the recipient does not have a Social Security card, follow the procedures in CSG 3160 of the AFDC Worker Handbook. (If the case record does not contain a photocopy of the recipient's Social Security card, the recipient must submit it so that a copy can be made for the comparison, Manual Citation: 302.300). If the number on the masterfile is incorrect, correct it.

Go to Step 5.

Step 4: Now that you have determined that the recipient did report the employer listed, you must consider whether the case record data is more recent than the DOR data. Compare the last date in the match quarter and the date on which the earnings were last verified (see CAG 4330, Verification of Earned Income).

If verification of earnings HAS BEEN received after the end of the match quarter, the case record has more recent earnings data than does the CIP. The case does not need a more current redetermination of eligibility on the basis of information generated by this match. Go to Step 5.

If verification of earnings HAS NOT BEEN received after the end of the match quarter you must schedule a redetermination of current eligibility, making sure that the BSI referral has already been submitted.

In the redetermination interview do not discuss with the recipient whether you have completed a BSI referral. Focus solely on current eligibility.

If the recipient reports that (s)he is currently employed, (s)he must submit wage stubs covering three weeks of employment (in accordance with CAG 4330) to enable the worker to evaluate current income. Evaluate income for AFDC purposes in accordance with CAGs 4300 through 4360 of the Handbook.

If the recipient reports that (s)he is not currently employed, this must be verified (see CAG 4330, Verification of Earned Income).

During the redetermination interview, the recipient may volunteer information which indicates that overpayment may have occurred. If it appears that this was not due to Department error, record the information and submit another BSI-1, marking it "second referral" (see Step 2). Do not ask questions about the information volunteered by the recipient.

Go to Step 5.

Step 5: The first blocks of the CIP must be coded as follows according what happened on the case after you received the CIP. (If you had completed work to close the case before you received the CIP and no subsequent action occurred, code the case N.)

N	the grant is not changed (after case review)
I	the grant is increased
D	the grant is decreased
C	the case is closed
Z	the grant is not changed (after a redetermination)

Staple the copies of any BSI referrals, the CIP, and any DOR Discrepancy Form together in that order. Submit all match documents and any other necessary documents to your supervisor. The match documents should be filed in Section One of the case record.

T-4970 IMPLEMENTATION OF NEW EARNINGS CALCULATIONS

Recent Federal legislation mandates a number of changes in the process used to determine eligibility for AFDC and the amount of assistance to be provided to eligible applicants and recipients. Assistance units containing members who work are the most affected by these changes.

The Department is in the process of developing a new computer system which will assist workers with the new series of calculations as well as perform a number of other activities for both AFDC and food stamps.

To prepare for these changes which are scheduled for October 1, 1981, information which is not currently available on the Recipient Master File (RMF) must be obtained for all earnings cases.

On September 1, 1981, listings entitled "AFDC Recipients with Earned Income Control List" will be issued to each local office which lists all earnings cases, i.e., cases coded E or M in block 27 of the T.D. (See attachment A.) Codes E and M indicate cases with earnings whether or not income is being deducted from the grant amount. The Control Listing will be sorted by Region, WSO Number, Case Assignment Number and by last digit of social security number (0-9). The listing will include the recipient's SSN, name, address and the Deduct Code (Block 27) as it appears on the RMF. An additional comment space will appear for use by supervisory staff.

In addition to the Control Listing, each worker will receive a Worksheet for each earnings case (See attachment B), titled the Income Worksheet. This new form will be used as a supplement to the Turnaround Document for capturing all data necessary for an automatic grant calculation. The upper left hand corner will contain the Name and SSN of the grantee, as well as the Region, WSO, and CAN.

A supply of blank Worksheets will be issued to local offices to be completed in each of the following situations:

- new intake case with earnings. All cases which have been approved since 8/17/81 must have a Worksheet completed if they have earnings;
- transferred cases for which no Worksheet is available in the office servicing the cases;
- earnings cases which are not identified on the Control Listing. If workers are aware of any earnings cases not on the control listing they must complete a Worksheet and submit a T.D. to correct the Recipient Master File, if necessary;
- cases that report earnings subsequent to 8/17/81; and
- cases that report changes in the Worksheet data subsequent to completion of the initial Worksheet.

All earnings cases identified for the Case Review must be reviewed and the Worksheets completed by 9/14/81. As of 9/15/81 no new cases are to be added to be accounted for on the Control Listings although Worksheets are to be completed.

For the purposes of this project, earnings data in case records will be considered current if it is for a period after 2/1/81. For all cases which contain earnings data, which does not meet the above criteria, a client contact to obtain more data will be necessary.

The procedures for conducting the case review to complete the Worksheet follow.

Step 1: Review the case record to assure that a member of the assistance unit is working.

- If no member of the assistance unit is working at the time of the case review, enter the phrase "no one employed" beside the case name in the upper left hand corner of the Worksheet. Prepare a T.D. correcting the code contained in block 27. Submit the T.D. and the Worksheet to the supervisor.
- If the case was closed subsequent to 8/17/81 enter the phrase "case closed" in the upper left hand corner of the Worksheet and submit a copy of the T.D. which closed the case with the Worksheet to the supervisor.
- If a member(s) of the assistance unit is working, go to Step 2.

Step 2: Review the earnings data in the case record.

- If the data is for a period after 2/1/81, go to Step 6.
- If the data does not represent a period after 2/1/81, e.g., the three weeks' wage stubs are for the weeks ending 1/30, 2/6, and 2/13, go to Step 3.

Step 3: Complete in duplicate Form SP-1 (See attachment C) which establishes an appointment for the recipient and requires specific verification of earnings and work related expense data. Mail the original of the letter to the recipient and attach the copy to the Worksheet. Place the Worksheet in a pending file until the appointment date.

- If the recipient attends the appointment and provides the required verifications or submits the verifications, go to Step 6.
- If the recipient contacts the worker and states submittal of the verifications is delayed, go to Step 4.
- If the recipient does not attend the appointment or submit the verifications, go to Step 5.

Step 4: Grant an extension of up to ten calendar days from the original time limit. Emphasize to the recipient that this will be the only extension granted.

. If the recipient does not submit the verifications within the 10 days, go to Step 5.

. If the requested verifications are submitted in the 10 days, go to Step 6.

Step 5: Complete NFL-1 informing the recipient that the case will be closed for failure to cooperate. See CAG 2121: Provision of Verification of Continuing Eligibility. In the upper left hand corner of the Worksheet beside case name, enter the phrase "CASE CLOSED". Submit NFL, T.D. and Worksheet to the supervisor.

. See CAG 2121: Provision of verification of continuing eligibility for specific instructions if the verifications are submitted after the NFL-1 is sent.

Step 6: Complete the Income Worksheet following the instructions in CAG T-4971. Go to Step 7.

Step 7: Submit the completed Worksheet to the supervisor.

. If at any time after completion of the Worksheet any of the data elements contained on the Worksheet change, a new Worksheet must be completed. Use a blank Worksheet which has been provided to the office. The identifying data, i.e., case name and SSN must be written in the upper left hand corner of the Worksheet with a notation "Second Worksheet". In addition to completing the Worksheet, all normal activity must be taken such as completing the Turnaround Document.

Step 8: File the copy of the Worksheet(s) in Section 1 of the Case Record Folder.

Step 9: Resume use of the FOR-2 for scheduling redeterminations as soon as all Worksheets are completed. EARNINGS CASES THAT APPEAR ON THE FOR-2 ARE NOT TO BE REDETERMINED IN SEPTEMBER.

T-4970: SAMPLE: CONTROL LISTING

```
                              AFDC RECIPIENTS WITH EARNED INCOME

                                         CONTROL LIST

REG      WSO      CAN  SSN        NAME             ADDRESS                  DEDCODE    COMMENT

01       410      000  999999999  Reagan, Ronald   1600 Pennsylvania Ave.    M




                                                                            TOTAL BY CAN

                                                                            TOTAL BY OFFICE

                                                                            TOTAL BY REGION
```

T-4970: SAMPLE: INCOME WORKSHEET

INCOME WORKSHEET

REG: WSO: CAN:

CASE NAME: REASON:
CASE SS N

SECTION I

	1	2	3	4	5						
1A WAGES						1B DEPD NO		1C 30 1/3		XXXXX XXXXX	XXXXX
2A HOURS						2B STRIKER		2C WIN		2D 4 1/3	
3A EITC						3B FIL STAT		XXXXXXX XXXXXX	XXXXXX XXXXXX	XXXXX XXXXX	XXXXX XXXXX
4A WAGES						4B DEPD NO		4C 30 1/3		XXXXX XXXXX	XXXXX XXXXX
5A HOURS						5B STRIKER		5C 4 1/3		XXXXX XXXXX	XXXXX XXXXX
6A WAGES						6B DEPD NO		6C 30 1/3		XXXXX XXXXX	XXXXX XXXXX
7A HOURS						7B STRIKER		7C 4 1/3		XXXXX XXXXX	XXXXX XXXXX
8A SELF EMP						8B BE		8C P		XXXXX XXXXX	XXXXX XXXXX
9A HOURS						9B DEPD NO		9C 30 1/3		9D WIN	
10A RENTERS						10B BE		10C P		10D CODE	
11A ROOMERS						11B BE		XXXXXX XXXXXXX	XXXXXX XXXXXX	XXXXX XXXXX	XXXXX XXXXX
12A BOARDERS						12B BE		XXXXXXX XXXXXXX	XXXXXX XXXXXX	XXXXX XXXXX	XXXXX XXXXX
13A INC/KIND						XXXXXXXX XXXXXXXX	XXX XXX	XXXXXXX XXXXXXX	XXXXXX XXXXXX	XXXXX XXXXX	XXXXX XXXXX
14A TRN ALLOW						XXXXXXXX XXXXXXXX	XXX XXX	XXXXXXX XXXXXXX	XXXXXX XXXXXX	XXXXX XXXXX	XXXXX XXXXX

SECTION V

37 RECP TELE NO ____________

38 TYPE OF REPORT CODE ☐

39 RECIPIENT LANG CODE ☐

SECTION VI

40 CHANGE DATE ____________

41 WORKER SIG ____________

42 SUPERVISOR SIG ____________

43 DATE ____________

SECTION II
COUNTABLE INCOME/AFDC+FS

15A RSDI/RR ☐ 15B CODE ☐

16 OTHER UNEARNED INC ☐

17 PROTECTIVE PAYMENT(S) ☐

COUNTABLE INCOME/AFDC ONLY

18 INCOME IN KIND ☐

19 RECOUPMENT ☐

20 CHILD SUPPORT RECIEVED ☐

COUNTABLE INCOME/FS ONLY

21 RSDI(18-21 YR. OLD) ☐

22 NET ED. LOANS ☐

23 OTHER F.S. ONLY INCOME ☐

SECTION III
DEPENDENT CARE

24A DEP NO	☐	24B AMT	☐
25A DEP NO	☐	25B AMT	☐
26A DEP NO	☐	26B AMT	☐
27A DEP NO	☐	27B AMT	☐
28A DEP NO	☐	28B AMT	☐

SECTION IV

29A NET ALIEN/SPONSOR INC ☐

30A LUMP SUM PAYMENT ☐

31 PRORATED F.S. AMOUNT ☐

32 MONTHLY HOUSING SUBSIDY ☐

33 GROSS STEP-PARENT INC ☐

34 HOURS WORKED ☐

35 HOUSEHOLD IRS DEPENDENT ☐

36 CONTR/CHILD SUPPORT/ALI ☐

29B USA ENTRY DATE ☐

30B DATE LS PYMT RECD ☐

T-4970: SAMPLE: SP-1

The Commonwealth of Massachusetts
Department of Public Welfare
600 Washington Street, Boston 02111

THOMAS H. SPIRITO
Commissioner

CSAO/WSO: ______________________

DATE: ______________________

NAME ______________________

ADDRESS ______________________

CITY/TOWN ______________________

In order to determine your continuing eligibility for AFDC, the Department has scheduled an office appointment with you on ______________ at ______ o'clock at ______________________________. Please bring to the meeting the following:

☐ your three (3) most recent pay stubs

☐ number of hours worked each week

☐ verification of child care costs per week per child and verification of to whom this money is paid

If you cannot keep this appointment, contact your social worker at ________ within two days. Failure to attend this meeting or to contact your worker by the above date may result in termination of your AFDC benefits.

____
Financial Assistance Worker

T- 4971 COMPLETION OF THE INCOME WORKSHEET

The Income Worksheet (see attachment B) is a two-part, pre-carbonized form which contains data blocks for information not currently available on the Recipient Master File. It will be used as a supplemental information form to the Turnaround Document for all earnings cases. The data recorded on the form will be the basis of the automatic calculations used to establish eligibility for AFDC and food stamps, and the amount of the AFDC grant and the food stamp bonus value.

The worksheet must be completed legibly, for all earnings cases using the most recent wage, hours worked and dependent care amount, unearned income and deductible income amounts available in the case record.

The term earner is used in this transmittal to define a member of an assistance unit who is employed and an ineligible grantee who is employed and is liable for the support of a member(s) of the assistance unit.

General rules for completing the Income Worksheet are:

- one worksheet is completed for all earners in an assistance unit including an ineligible grantee, who has earnings and is liable for the support of a member(s) of the assistance unit;

- some entries apply to AFDC and food stamp calculations; some apply to AFDC calculations only and some apply to food stamp calculations only;

- entries are made only in those blocks which are applicable for the case under review. All non-applicable blocks should be left blank;

- money entries in Sections I and II cannot exceed six (6) figures, 4 dollar values and 2 cent values (0000.00). Cent values must be included even if the value is .00. In Section II money entries may not exceed three (3) figures (000) with cents excluded.
- date entries must contain six (6) figures in MMDDYY format. For example: October 1, 1981, will be printed 10 01 81; and

- entries in "HRS" must be whole numbers. The computer will not accept fractions. Fractions of hours must be rounded to the next highest number. For example: 37.5 hours becomes 38 hours.

The sample Income Worksheet contains numbers and letters for each block. These correspond to the numbers and letters below which contain the description of what entry is to be made in each block. The actual worksheet will not contain these identifying letters and numbers.

Header Information:

This information is pre-printed for all cases listed on the Control Listing of Earnings Cases. This information, except for reason, must be completed by the worker on blank worksheets.

Item

A. Reg: The two (2) digit number where the local office responsible for the case is located.

B. WSO: The three (3) digit number of the local office which is responsible for the case.

C. CAN: The three (3) digit Case Assignment Number of the worker responsible for the case.

D. CASE NAME: The name of the grantee. The name must be entered: last name, first name and middle initial. It cannot exceed 23 characters including spaces.

E. CASE SSN: The nine (9) digit social security number of the grantee.

F. REASON: If a case contains Earned Income, E will appear. If the case contains a combination of Earned Income and Unearned Income and/or Deductible Income, M will appear. If completing a blank worksheet enter "NEW" if it is for a new case, "RE-OPEN" if it is for a re-opened case or "ONGOING" if it is for an ongoing case.

Section I

Entries must be made to record all earned income of all members of the assistance unit who are earners and any ineligible grantee who is an earner and who is liable for the support of a member(s) of the assistance unit. All money entries must be gross amounts. The computer will calculate averages and net amounts. In addition, the computer will calculate the gross monthly amount based upon weekly gross amounts.

Blocks

1A, 4A, 6A
WAGES: The worksheet contains space to enter the gross wages (including tips and commissions but excluding Earned Income Tax Credit [EITC]) for three wage earners. If the grantee has earned income other than self employment his/her wages must be entered on line 1A. For wages received from self-employment see line 8A below. Entries may be made using weekly, bi-weekly, semi-monthly or monthly wages. Wages need not be entered in date order.

2A, 5A, 7A, 9A
HRS: The worksheet contains four blocks titled HOURS which relate to each of the wage entries and the self-employment wage entry. Enter the number of hours each wage earner works beneath the appropriate wage figures. The number of hours worked each week may vary and the number of entries may be different than the number of wage entries.

The worker instructs the computer how to calculate the monthly figures using the numbers and type of entries under "Week Number" and beside HOURS.

For Example:

A. Three Wage Stubs (Weekly)

Worker has three weekly wage stubs. The worker enters the first gross weekly wage under week one, the second under week two, and the third under week three. Beside HOURS the worker enters the actual number of hours the earner worked in week one, in week two, and in week three. The computer will add the three figures in both items; will divide both figures by three and will multiply the results by 4.333 to arrive at the monthly figures.

B. Two Wage Stubs (Bi-weekly)

The worker has two wage stubs; each represents two weeks earnings. The worker enters the wage information on the first stub under week one and the second under week two. However, beside HOURS the worker makes entries under weeks 1, 2, 3, and 4 for the actual hours worked during each of the four weeks. For example: 40, 40, 40, 40. Or the worker has the option to enter bi-weekly hours and zeros in the remaining two weeks (80, 80, 0, 0). This tells the computer that the wages represent four weeks. The computer will add the figures in both items; will divide both figures by four and will multiply the results by 4.333 to arrive at the monthly figures.

C. One Wage Stub (One Stub Per Month)

The worker has one pay stub from an earner who is paid on a weekly basis but receives one check a month; for example: a State employee. The worker enters the monthly gross figure beside "Wages" under week one. The worker then assesses whether the pay stub represents earnings for a four (4) or five (5) week month. The worker enters the actual hours worked in each week beside HOURS in weeks 1, 2, 3, 4 and if applicable 5. The computer will then calculate the monthly gross earnings based upon the "HRS" entries.

D. One Wage Stub (Annual Salary-Monthly Installments)

The worker has one pay stub from an earner who is under an annual contract which stipulates that the annual salary will be paid in twelve (12) equal checks. Therefore, this salary does not receive the 4.333 calculation. The worker enters the monthly gross figure beside "Wages" under week one. The Worker enters the number of hours worked in month under week 1, and goes to block 2D, 5C or 7C "4 1/3 and checks the block. The monthly gross wages will not be calculated as this is already done.

1B, 4B, 6B, 9B DEPD. NO.:	Enter the number of the earner. Enter the Grantee Number 00 if the earner is the grantee. If the earner is a dependent enter the Dependent Number as recorded in block 53 of the T.D.
1C, 4C, 6C, 9C 30 1/3:	Not applicable at this time.
2B, 5B, 7B STRIKER:	If the earner is on strike a Y (yes) entry must be made.
2C, 9D WIN:	If the earner is a mandatory WIN registrant who has refused to register or participate without good cause (Sanctioned) in the WIN Program, enter "55".
2D, 5C, 7C 4 1/3:	Check this block if the 4.333 calculation has already been done on the wages recorded. See instructions under Section I, line 2A, Item C.)
3A EITC:	Enter the amount of the Earned Income Tax Credit which the earner receives if it is known.
3B FL STAT:	Not applicable at this time.
8A SELF-EMP:	Enter the gross income of the self-employed earner. The entries may be weekly, bi-weekly, semi-monthly, or monthly amounts.
8B BE:	Enter the average monthly business expenses of the self-employed earner as calculated for AFDC purposes. For reference in determining these business expenses, see CAG 4334: Determination and Verification of Self-Employment Income.
8C P:	If the self-employed earner owns the property in which (s)he does business, enter the monthly amount of the principal which is included in the mortgage payments.

10A
RENTERS: Rental income may be considered earned or unearned income in both the AFDC and Food Stamps Programs. If the rental income received is considered to be earned for either AFDC grant calculation purposes or for food stamp calculation purposes or both, enter the gross monthly amount of rental income(s).

If the rental income is considered unearned income for both programs, enter the gross monthly amount in Section II, Block 16.

10D
CODE: If the rental income is not considered earned income for both the AFDC and Food Stamp Programs, enter one of the following codes to identify for which program it is considered unearned income.

U1-Unearned Income for AFDC
U2-Unearned Income for Food Stamps

10B
BE: Enter the average monthly cost of business expenses for the rental units for AFDC only. See CAG: 4336: Determining Rental Income.

10C
P: Enter the average monthly amount of the business expenses for the rental units for Food Stamps Only. See Food Stamp Manual 365.940.

11A
ROOMERS: Enter the monthly gross amount of income from roomer(s)

11B
BE: Enter the average monthly business expenses incurred by the earner if the earner has claimed business expenses. See CAG 4335: Income From Roomers and Boarders and the Food Stamp Manual 365.940.

12A
BOARDERS: Enter monthly gross income received from boarder(s).

12B
BE: Enter the average monthly business expenses incurred in earning the boarder income for food stamps only. See the Food Stamp Manual 365.250.

13A
INC-KND: Enter the total monthly amount of Income-In-Kind received by the earner, only if the Income-In-Kind is considered earned income. If the Income-In-Kind is considered unearned income, enter the amount in Section II.

14A
TRN ALLOW: Enter the total monthly amount of training allowances received by the earner which are countable for the determination of the Food Stamp Bonus Value. See the Food Stamp Manual 363.220 (A).

Section II

Entries must be made to record all countable unearned income of members of the assistance unit, and of ineligible grantees who are liable for the support of a member(s) of the assistance unit; all amounts of deductible items which must be deducted from the monthly assistance grant.

Countable Income /AFDC and Food Stamps:

15 A
RSDI/RR: Enter the monthly amount of RSDI and RR which is received and is countable toward the AFDC grant. Do not include the RSDI amount received for 18-21 year olds.

15B
CODE: Enter one of the following codes to correspond with the amount represented in 15A above.

1-Retirement, Survivor and Disability Insurance Payment
2-Railroad Retirement Payment

16
OTHER UNEARNED INC: Enter the total monthly amount of unearned income which is received and is countable toward the AFDC grant, however, do not enter the amount of RSDI/RR payments or the amount of child support received.

17
PROTECTIVE PAYMENT(S): Enter the total monthly amount of all protective payments which are being made on behalf of the assistance unit and which must be deducted from the monthly assistance grant.

Countable Income/AFDC Only:

18
INCOME-IN-KIND: Enter the total monthly amount of any Income-In-Kind which is being received by the assistance unit that is considered unearned income and must be deducted from the monthly assistance grant.

19
RECOUPMENT: Enter the monthly amount of recoupment which is deducted from the assistance grant. Do not enter the amount of any lump sum or direct recoupment payments which the recipient pays the Department.

20
CHILD SUPPORT RECEIVED: Enter the monthly average amount of child support which the CSEU receives for all members of the assistance unit. Child Support Units will distribute to each CSAO/WSO for which they are responsible, a copy of a printout dated 6/30/81. The printout is ordered by names of absent parents. The name and SSN if the recipient case on whose behald the absent parent pays support is to the far right of the

absent parent(s) name. If an absent parent is supporting members of more than one assistance unit this name will appear twice. In the middle of the case information is an entry "YTD" under which is a figure. Dividing this figure by the number of months the assistance unit has received assistance in 1981 will give the average monthly of that parent. This figure cannot exceed 6 months because the printout has only 6 months of child support information. If there is more than one absent parent the monthly average of each absent parent's support amount must be added together and that figure is entered in this block.

Countable Income/Food Stamp Only - See Food Stamp Worksheet:

21 RSDI (18-21 YR.OLD):	Enter the monthly amount of RSDI received by member(s) of the assistance unit who are 18-21 years of age.
22 NET EDUCATIONAL LOANS:	Enter the net amount of educational loans, scholarships, grants, etc. received by members of the assistance unit.
23 OTHER F.S. ONLY INCOME:	Enter the total monthly amount of any other income not previously mentioned which is countable in determining the amount of food stamps for which the assistance unit is eligible.

Section III - Dependent Care

Entries must be made in this section for each dependent, including an incapacitated adult, who receives care, which enables the earner(s) to work.

24A, 25A, 26A, 27A, 28A DEP. NO:	Enter the two digit dependent number which corresponds to the dependent number of the T.D. (block 53) for each dependent who receives care while the earner works.
24B, 25B, 26B, 27B, 28B AMT:	Enter the amount of total monthly verified cost of care for each dependent. This entry must not exceed three (3) digits (do not include cents).

Section IV 29A -36

No entries will be made in this section.

Section V

37 RECP TELE No :	Enter the recipient's home telephone number, if available.
38 TYPE OF REPORT CODE:	For use by MRP offices only.
39 RECIPIENT LANG CODE:	Enter code 2 if the preferred language of the recipient is Spanish. Otherwise enter code 1.

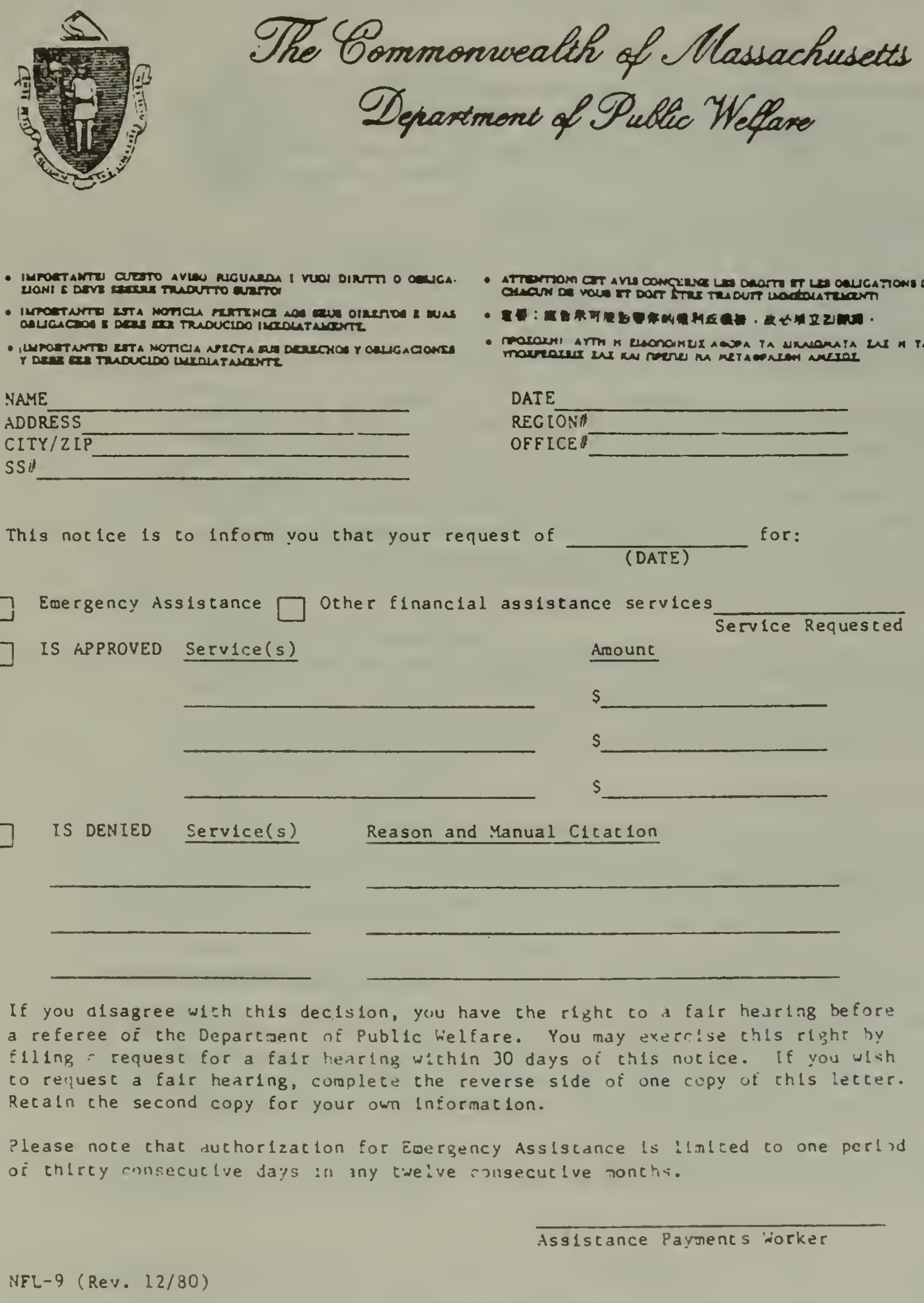
Section VI

Entries must be made each time a worksheet is completed.

40 CHANGE DATE:	Not applicable at this time.
41 WORKER SIG:	Enter the signature of the worker who completed the Income Worksheet.
42 SUPERVISOR SIG:	Enter the signature of the supervisor who reviewed the Income Worksheet for accuracy, completeness and legibility of data.
43 DATE:	Enter the date of supervisory signature.

5009: NFL-9 EA Approval/Denial Notice

This NFL notifies an EA applicant of the disposition of the request for EA benefit(s). The applicant must be notified of the decision of each of the benefits requested. Each benefit checked off on the NFL-16 (see 5016: NFL-16 Notice to Individuals Requesting Emergency Assistance Services) must be entered on the NFL-9. The original NFL-9 is given to the applicant. A copy is retained for the case record. See 6100: Emergency Assistance.



The Commonwealth of Massachusetts
Department of Public Welfare

- IMPORTANTE! QUESTO AVVISO RIGUARDA I VOSTRI DIRITTI O OBBLIGAZIONI E DEVE ESSERE TRADOTTO SUBITO!
- IMPORTANTE! ESTA NOTICIA PERTENCE AOS SEUS DIREITOS E SUAS OBRIGACOES E DEVE SER TRADUZIDO IMEDIATAMENTE.
- ¡IMPORTANTE! ESTA NOTICIA AFECTA SUS DERECHOS Y OBLIGACIONES Y DEBE SER TRADUCIDO INMEDIATAMENTE.
- ATTENTION! CET AVIS CONCERNE LES DROITS ET LES OBLIGATIONS DE CHACUN DE VOUS ET DOIT ÊTRE TRADUIT IMMÉDIATEMENT!
- 重要：這告示可能影響你的權利及義務，故必須立即翻譯。
- ΠΡΟΣΟΧΗ! ΑΥΤΗ Η ΕΙΔΟΠΟΙΗΣΙΣ ΑΦΟΡΑ ΤΑ ΔΙΚΑΙΩΜΑΤΑ ΣΑΣ Η ΤΑΣ ΥΠΟΧΡΕΩΣΕΙΣ ΣΑΣ ΚΑΙ ΠΡΕΠΕΙ ΝΑ ΜΕΤΑΦΡΑΣΘΗ ΑΜΕΣΩΣ.

NAME ____________________
ADDRESS ____________________
CITY/ZIP ____________________
SS# ____________________

DATE ____________________
REGION# ____________________
OFFICE# ____________________

This notice is to inform you that your request of __________ (DATE) for:

☐ Emergency Assistance ☐ Other financial assistance services __________ Service Requested

☐ IS APPROVED

Service(s)	Amount
	$
	$
	$

☐ IS DENIED

Service(s)	Reason and Manual Citation

If you disagree with this decision, you have the right to a fair hearing before a referee of the Department of Public Welfare. You may exercise this right by filing a request for a fair hearing within 30 days of this notice. If you wish to request a fair hearing, complete the reverse side of one copy of this letter. Retain the second copy for your own information.

Please note that authorization for Emergency Assistance is limited to one period of thirty consecutive days in any twelve consecutive months.

____
Assistance Payments Worker

NFL-9 (Rev. 12/80)

NFL - 9 (12/80)

THE COMMONWEALTH OF MASSACHUSETTS

Department of Public Welfare
Division of Hearings
600 Washington Street
Boston, Massachusetts 02111

REQUEST FOR A FAIR HEARING

The General Laws provide that if you are not satisfied with any action by the Department of Public Welfare, you have the right to appeal and receive a fair hearing before a referee of the Division of Hearings. The request for a fair hearing must be received by the Department within thirty (30) days of the official written notice to you of action by the Department which includes a statement on the right of appeal and time limit for appealing. You have 60 days to appeal a Medicaid issue. PLEASE SEND COMPLETED FORM TO ABOVE ADDRESS.

Within five days after the Division of Hearings receives your request, you will be notified of the time, date and place of your hearing. If you are unable to attend the fair hearing, please contact the Division of Hearings at 727-6050 as soon as possible so that your fair hearing can be rescheduled. Failure to appear at the fair hearing without good cause may result in termination of the appeal.

At the fair hearing, you may appear personally and may be accompanied by an attorney or other representative at your own expense. You may wish to contact a local legal service office or community agency which will provide advice or fair hearing representation at no charge. Information about these services, if available in your area, can be obtained by contacting the Welfare Service Office. You or your representative may subpoena witnesses, present evidence and cross examine witnesses. The referee must make a decision on all of the evidence presented at the hearing and only the evidence so presented. You or your representative will be permitted to see your written record prior to the hearing if you so desire.

I ______________________________ hereby request a fair hearing before a referee of the Division of Hearings. The reason I wish to request a fair hearing is ______________________________

____

____

____

NAME ____________________ TELEPHONE ____________

ADDRESS ____________________ CITY/TOWN ____________

SIGNATURE ____________________ DATE ____________

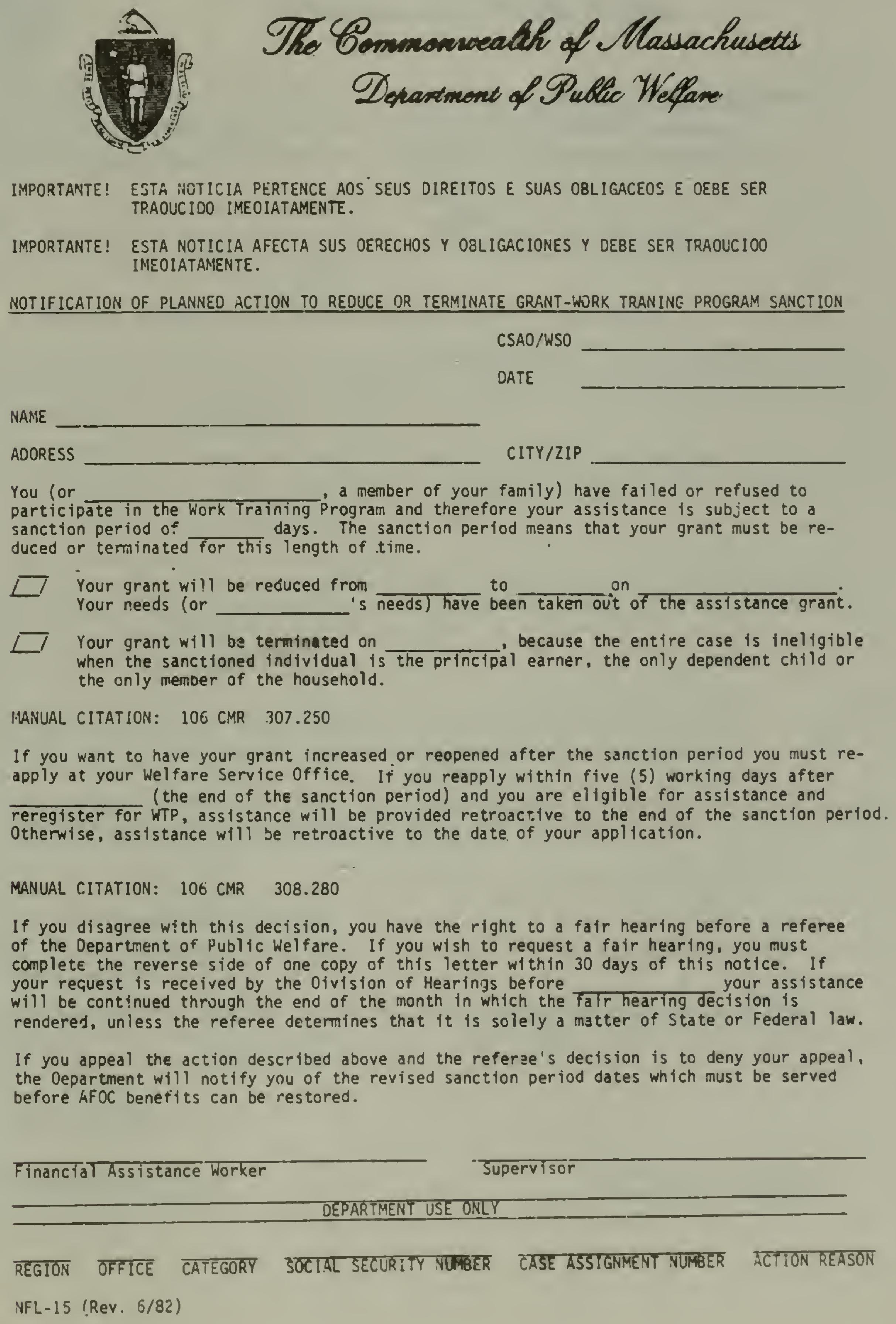
My authorized representative is:

NAME ____________________ TITLE ____________

ADDRESS ____________________ TELEPHONE ____________

5015: NFL-15: WTP SANCTION NOTICE

The NFL-15 is used to terminate/reduce the assistance of a case in which a mandatory WTP registrant has been determined to have failed, without good cause, to have participated in the WTP Program. Prior to issuance of the letter the appropriate data blocks must be completed. The length of the santion period will have been identified by the WTP worker. (This letter is only to be used for cases not subject to the Monthly Reporting or Earned Income Case Processing Systems.)



The Commonwealth of Massachusetts
Department of Public Welfare

IMPORTANTE! ESTA NOTICIA PERTENCE AOS SEUS DIREITOS E SUAS OBLIGACEOS E DEBE SER TRADUCIDO IMEDIATAMENTE.

IMPORTANTE! ESTA NOTICIA AFECTA SUS DERECHOS Y OBLIGACIONES Y DEBE SER TRADUCIDO IMEDIATAMENTE.

NOTIFICATION OF PLANNED ACTION TO REDUCE OR TERMINATE GRANT-WORK TRANING PROGRAM SANCTION

CSAO/WSO ____________________

DATE ____________________

NAME ______________________________

ADDRESS ______________________________ CITY/ZIP ____________________

You (or ____________________, a member of your family) have failed or refused to participate in the Work Training Program and therefore your assistance is subject to a sanction period of ________ days. The sanction period means that your grant must be reduced or terminated for this length of time.

☐ Your grant will be reduced from __________ to __________ on ____________________.
Your needs (or ______________'s needs) have been taken out of the assistance grant.

☐ Your grant will be terminated on ____________, because the entire case is ineligible when the sanctioned individual is the principal earner, the only dependent child or the only member of the household.

MANUAL CITATION: 106 CMR 307.250

If you want to have your grant increased or reopened after the sanction period you must reapply at your Welfare Service Office. If you reapply within five (5) working days after ______________ (the end of the sanction period) and you are eligible for assistance and reregister for WTP, assistance will be provided retroactive to the end of the sanction period. Otherwise, assistance will be retroactive to the date of your application.

MANUAL CITATION: 106 CMR 308.280

If you disagree with this decision, you have the right to a fair hearing before a referee of the Department of Public Welfare. If you wish to request a fair hearing, you must complete the reverse side of one copy of this letter within 30 days of this notice. If your request is received by the Division of Hearings before ______________ your assistance will be continued through the end of the month in which the fair hearing decision is rendered, unless the referee determines that it is solely a matter of State or Federal law.

If you appeal the action described above and the referee's decision is to deny your appeal, the Department will notify you of the revised sanction period dates which must be served before AFDC benefits can be restored.

Financial Assistance Worker ____________________ Supervisor ____________________

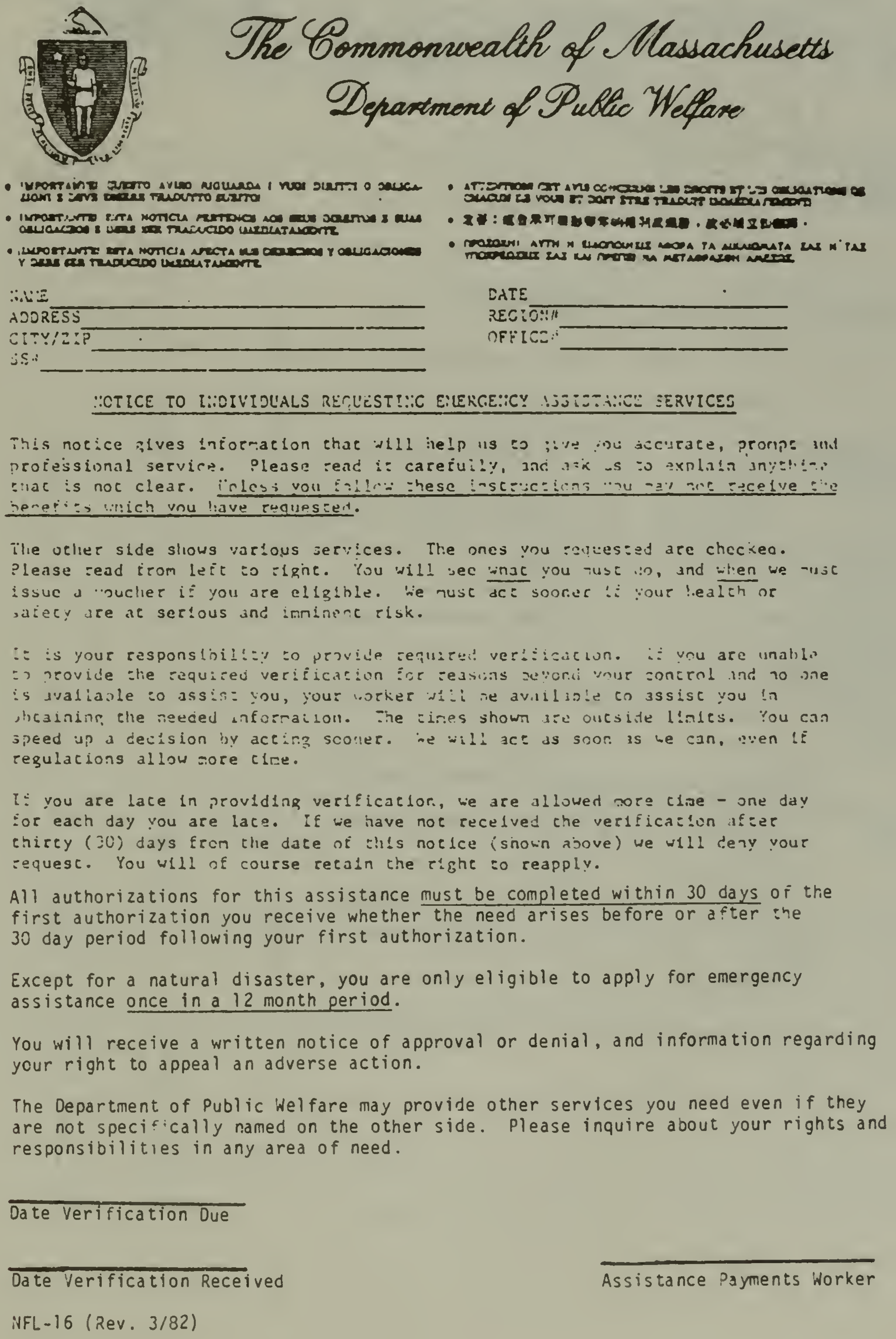
DEPARTMENT USE ONLY

REGION	OFFICE	CATEGORY	SOCIAL SECURITY NUMBER	CASE ASSIGNMENT NUMBER	ACTION REASON

NFL-15 (Rev. 6/82)

5016 NFL-16 Notice to Individuals Requesting Emergency Assistance Services

This NFL notifies an EA applicant of the verifications required for each EA benefit and of the applicant and Department time frames for action. See 6100: Emergency Assistance. The original NFL-16 is given to the applicant. A copy is retained for the tickler file.



The Commonwealth of Massachusetts
Department of Public Welfare

- IMPORTANTE! QUESTO AVVISO RIGUARDA I VOSTRI DIRITTI O OBBLIGAZIONI E DEVE ESSERE TRADOTTO SUBITO!
- IMPORTANTE! ESTA NOTICIA PERTENCE AOS SEUS DIREITOS E SUAS OBRIGAÇÕES E DEVE SER TRADUZIDO IMEDIATAMENTE.
- ¡IMPORTANTE! ESTA NOTICIA AFECTA SUS DERECHOS Y OBLIGACIONES Y DEBE SER TRADUCIDO INMEDIATAMENTE.
- ATTENTION! CET AVIS CONCERNE LES DROITS ET LES OBLIGATIONS DE CHACUN ET VOUS ET DOIT ETRE TRADUIT IMMEDIATEMENT.
- [illegible]
- ΠΡΟΣΟΧΗ! ΑΥΤΗ Η ΕΙΔΟΠΟΙΗΣΙΣ ΑΦΟΡΑ ΤΑ ΔΙΚΑΙΩΜΑΤΑ ΣΑΣ Η ΤΑΣ ΥΠΟΧΡΕΩΣΕΙΣ ΣΑΣ ΚΑΙ ΠΡΕΠΕΙ ΝΑ ΜΕΤΑΦΡΑΣΘΗ ΑΜΕΣΩΣ.

NAME ______________________
ADDRESS ______________________
CITY/ZIP ______________________
SS# ______________________

DATE ______________________
REGION# ______________________
OFFICE# ______________________

NOTICE TO INDIVIDUALS REQUESTING EMERGENCY ASSISTANCE SERVICES

This notice gives information that will help us to give you accurate, prompt and professional service. Please read it carefully, and ask us to explain anything that is not clear. Unless you follow these instructions you may not receive the benefits which you have requested.

The other side shows various services. The ones you requested are checked. Please read from left to right. You will see what you must do, and when we must issue a voucher if you are eligible. We must act sooner if your health or safety are at serious and imminent risk.

It is your responsibility to provide required verification. If you are unable to provide the required verification for reasons beyond your control and no one is available to assist you, your worker will be available to assist you in obtaining the needed information. The times shown are outside limits. You can speed up a decision by acting sooner. We will act as soon as we can, even if regulations allow more time.

If you are late in providing verification, we are allowed more time - one day for each day you are late. If we have not received the verification after thirty (30) days from the date of this notice (shown above) we will deny your request. You will of course retain the right to reapply.

All authorizations for this assistance must be completed within 30 days of the first authorization you receive whether the need arises before or after the 30 day period following your first authorization.

Except for a natural disaster, you are only eligible to apply for emergency assistance once in a 12 month period.

You will receive a written notice of approval or denial, and information regarding your right to appeal an adverse action.

The Department of Public Welfare may provide other services you need even if they are not specifically named on the other side. Please inquire about your rights and responsibilities in any area of need.

____
Date Verification Due

____
Date Verification Received

____
Assistance Payments Worker

NFL-16 (Rev. 3/82)

[illegible]
[illegible] 3/82

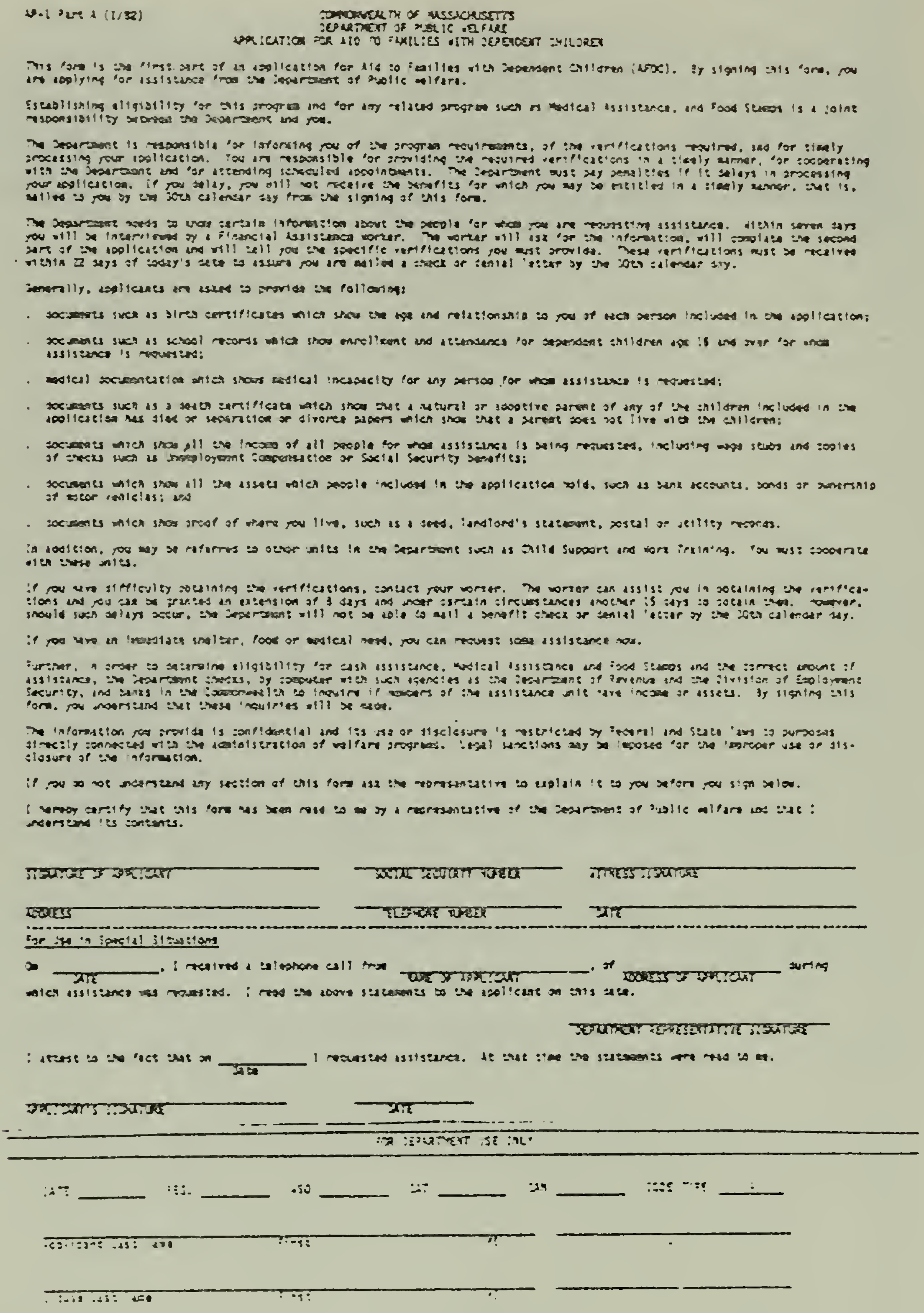
EMERGENCY BENEFITS AVAILABLE IF YOU ARE ELIGIBLE AND SOME RULES ABOUT TIMELINESS

Important - See Other Side

THESE ARE THE BENEFITS [illegible]	THESE ARE SUMMARIES OF EVIDENCE NEEDED FOR VERIFICATION. [illegible] be [illegible] under Additional Verification Instructions	IF YOU PROVIDE VERIFICATION WITHIN THIS MANY DAYS FROM THIS NOTICE CALENDAR DAYS	THEN WE MUST ISSUE A VOUCHER WITHIN THIS MANY DAYS FROM YOUR REQUEST CALENDAR DAYS
___ [illegible] EMERGENCY SHELTER or Voucher for EMERGENCY SHELTER	___ Proof of foreclosure or of execution of a judgment of eviction or of condemnation or uninhabitability or statement of homelessness ___ Verbal/Written statement of efforts to obtain housing ___ For fire - assignment of insurance benefits	[illegible] days	[illegible] days
___ [illegible] Voucher for SHELTER ARREARAGE due to threatened eviction or mortgage foreclosure	___ Written statement of intent to foreclose or notice to quit or writ of summary process or certificate of eviction ___ Written agreement to terminate eviction or foreclosure and to not reinstate proceedings on the basis of remaining obligations ___ Unpaid or partially paid rent or mortgage bills or written statement from landlord ___ Proof that [illegible] application has been made	[illegible]	[illegible] days
___ [illegible] Voucher for FUEL [illegible]	___ Written confirmation of threatened or actual shutoff [illegible] ___ Written agreement to restore or continue service [illegible] on the basis of remaining obligations ___ Unpaid or partially paid utility bills ___ Proof that a CAP application has been made		[illegible] days
___ [illegible] Voucher for FURNITURE, HOUSEHOLD EQUIPMENT and SUPPLIES, FOOD and CLOTHING	___ For food and clothing as a result of a fire - assignment of insurance ___ For non-food and clothing benefits as a result of a fire - a fire department report signed by a superior officer and assignment of insurance	[illegible] days	[illegible] days
___ Voucher for repair [illegible] INOPERATIVE REFRIGERATOR, STOVE, [illegible] WATER HEATER	___ Written opinion of service person ___ Statement from landlord that s/he does not supply the appliance	[illegible]	[illegible] days
___ Voucher for repair DEFECTIVE REFRIGERATOR, STOVE [illegible] HOT WATER HEATER	___ Written opinion of service person ___ Statement from landlord that s/he does not supply the appliance	[illegible]	[illegible] days
___ Voucher or check for Emergency Assistance MOVING EXPENSES	___ For fire - fire department report signed by a superior officer and assignment of insurance ___ Written report of the need to move from health or code agency ___ Proof of foreclosure or execution of judgment of eviction or of condemnation or uninhabitability	[illegible] days	[illegible] days
___ Voucher for SECURITY DEPOSIT	___ Proof of foreclosure or execution of a judgment of eviction or of condemnation or uninhabitability ___ Written confirmation from new landlord that s/he will return security deposit to the Department ___ For fire - fire department report signed by a superior officer and assignment of insurance	[illegible] days	[illegible] days
___ [illegible] Voucher for ADVANCE RENT	___ [illegible] from new landlord ___ Proof of foreclosure or execution of a judgment of eviction or of condemnation or uninhabitability ___ For fire - fire department report signed by a superior officer and assignment of insurance	[illegible]	[illegible] days
[illegible]	[illegible]		

5033 AP-1, Part A

The AP-1 Part A is completed within 24 hours of a request for assistance. By signing the form the individual becomes an applicant and acknowledges having received necessary information about applying. The form also serves as an input document for computer matches conducted at application. See 2220: The Intake Interview and 2500: Computer Matches. The original form is filed in the case record. One copy must be given to the applicant and one copy to the Transmittal Clerk.



AP-1 Part A (1/82)

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC WELFARE
APPLICATION FOR AID TO FAMILIES WITH DEPENDENT CHILDREN

This form is the first part of an application for Aid to Families with Dependent Children (AFDC). By signing this form, you are applying for assistance from the Department of Public Welfare.

Establishing eligibility for this program and for any related program such as Medical Assistance, and Food Stamps is a joint responsibility between the Department and you.

The Department is responsible for informing you of the program requirements, of the verifications required, and for timely processing your application. You are responsible for providing the required verifications in a timely manner, for cooperating with the Department and for attending scheduled appointments. The Department must pay penalties if it delays in processing your application. If you delay, you will not receive the benefits for which you may be entitled in a timely manner, that is, mailed to you by the 30th calendar day from the signing of this form.

The Department needs to know certain information about the people for whom you are requesting assistance. Within seven days you will be interviewed by a Financial Assistance worker. The worker will ask for the information, will complete the second part of the application and will tell you the specific verifications you must provide. These verifications must be received within 22 days of today's date to assure you are mailed a check or denial letter by the 30th calendar day.

Generally, applicants are asked to provide the following:

- documents such as birth certificates which show the age and relationship to you of each person included in the application;
- documents such as school records which show enrollment and attendance for dependent children age 16 and over for whom assistance is requested;
- medical documentation which shows medical incapacity for any person for whom assistance is requested;
- documents such as a death certificate which show that a natural or adoptive parent of any of the children included in the application has died or separation or divorce papers which show that a parent does not live with the children;
- documents which show all the income of all people for whom assistance is being requested, including wage stubs and copies of checks such as Unemployment Compensation or Social Security benefits;
- documents which show all the assets which people included in the application hold, such as bank accounts, bonds or ownership of motor vehicles; and
- documents which show proof of where you live, such as a deed, landlord's statement, postal or utility records.

In addition, you may be referred to other units in the Department such as Child Support and Work Training. You must cooperate with these units.

If you have difficulty obtaining the verifications, contact your worker. The worker can assist you in obtaining the verifications and you can be granted an extension of 3 days and under certain circumstances another 15 days to obtain them. However, should such delays occur, the Department will not be able to mail a benefit check or denial letter by the 30th calendar day.

If you have an immediate shelter, food or medical need, you can request some assistance now.

Further, in order to determine eligibility for cash assistance, Medical Assistance and Food Stamps and the correct amount of assistance, the Department checks, by computer with such agencies as the Department of Revenue and the Division of Employment Security, and banks in the Commonwealth to inquire if members of the assistance unit have income or assets. By signing this form, you understand that these inquiries will be made.

The information you provide is confidential and its use or disclosure is restricted by Federal and State laws to purposes directly connected with the administration of welfare programs. Legal sanctions may be imposed for the improper use or disclosure of the information.

If you do not understand any section of this form ask the representative to explain it to you before you sign below.

I hereby certify that this form has been read to me by a representative of the Department of Public Welfare and that I understand its contents.

SIGNATURE OF APPLICANT ____________ SOCIAL SECURITY NUMBER ____________ WITNESS SIGNATURE ____________

ADDRESS ____________ TELEPHONE NUMBER ____________ DATE ____________

For Use in Special Situations

On ____________ (DATE), I received a telephone call from ____________ (NAME OF APPLICANT), of ____________ (ADDRESS OF APPLICANT) during which assistance was requested. I read the above statements to the applicant on this date.

____
DEPARTMENT REPRESENTATIVE SIGNATURE

I attest to the fact that on ____________ (Date) I requested assistance. At that time the statements were read to me.

APPLICANT'S SIGNATURE ____________ DATE ____________

FOR DEPARTMENT USE ONLY

DATE ________ REG. ________ WSO ________ CAT ________ CAN ________ CODE TYPE ________

APPLICANT LAST NAME ____________ FIRST ____________ MI ____________

[illegible] LAST NAME ____________ FIRST ____________ MI ____________

5034: RR-1 REDETERMINATION ROSTER/GROUP REDETERMINATIONS

This form is used by the workers to list the clients scheduled for a group redetermination. It is also used by the clerk to number the file folders and index cards and sign in the recipients, as well as, note the order of appearences of the recipients for the redetermination. It is used again by the workers for the private interviews.

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC WELFARE

REDETERMINATION ROSTER

DATE OF SESSION: ______________
TIME OF SESSION: ______________

WORKERS: 1. ____________________
2. ____________________
3. ____________________

WORKER #1 ____________________

FOLDER NUMBER	NAME	SIGN IN	ORDER OF APPEARANCE
1			
2			
3			
4			
5			
6			
7			
8			
WORKER #2			
9			
10			
11			
12			
13			
14			
15			
16			
WORKER #3			
17			
18			
19			
21			
22			
23			
24			

RR-1

5034 AFDC Application Supplement - Stepparent Information

This form is to be completed by the applicant/recipient for any case in which stepparent liability exists. It is to be completed at the time of application/redetermination. See CAG 4302: The Income Eligibility Test for Remarried Parents and Determination of Attributable Income From a Stepparent for instructions as to how the information in the Supplement is to be used.

Page 1

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE

AFDC APPLICATION SUPPLEMENT
STEPPARENT INFORMATION

I.

CASE INFORMATION

CASE NAME	CASE NUMBER
ADDRESS	
CITY/TOWN	

II.

STEPPARENT IDENTIFYING DATA (Complete the following information about the stepparent)

STEPPARENT'S NAME:	Last	First	Middle Initial
DATE OF BIRTH:		SOCIAL SECURITY NUMBER:	

III DEPENDENTS OF THE STEPPARENT LIVING WITH THE STEPPARENT (List the names of all dependents of the stepparent who who are living with the stepparent and who are either claimed as dependents for income tax purposes or could be claimed. In order to be claimed, the stepparent must provide more than 50% of the dependent's support. Use a separate sheet of paper if additional space is needed.)

DEPENDENT'S NAME	RELATIONSHIP TO STEPPARENT	DEPENDENT'S NAME	RELATIONSHIP TO STEPPARENT

IV. DEPENDENTS OF THE STEPPARENT NOT LIVING WITH THE STEPPARENT (List the names of all dependents of the stepparent who are not living with the stepparent but who are claimed as dependents for income tax purposes or could be claimed. In order to be claimed, the stepparent must provide more than 50% of the dependent's support. Use a separate sheet of paper if additional space is needed.)

DEPENDENTS' NAMES	RELATIONSHIP TO STEPPARENT	ADDRESS (Include city/town and state)

Page 2

V. MONEY PAID TO OR ON BEHALF OF A DEPENDENT NOT LIVING WITH THE STEPPARENT (Complete the following information for each dependent listed in Section IV)

DEPENDENT'S NAME:	NAME OF PERSON WITH WHOM DEPENDENT LIVES
AMOUNTS OF MONEY PAID ON BEHALF OF DEPENDENT:	HOW OFTEN PAID ☐ Weekly ☐ Semi-Monthly ☐ Other ☐ Bi-Weekly ☐ Monthly Specify______
DEPENDENT'S NAME:	NAME OF PERSON WITH WHOM DEPENDENT LIVES
AMOUNTS OF MONEY PAID ON BEHALF OF DEPENDENT:	HOW OFTEN PAID ☐ Weekly ☐ Semi-Monthly ☐ Other ☐ Bi-Weekly ☐ Monthly Specify______
DEPENDENT'S NAME:	NAME OF PERSON WITH WHOM DEPENDENT LIVES
AMOUNTS OF MONEY PAID ON BEHALF OF DEPENDENT:	HOW OFTEN PAID ☐ Weekly ☐ Semi-Monthly ☐ Other ☐ Bi-Weekly ☐ Monthly Specify______
DEPENDENT'S NAME:	NAME OF PERSON WITH WHOM DEPENDENT LIVES
AMOUNTS OF MONEY PAID ON BEHALF OF DEPENDENT:	HOW OFTEN PAID ☐ Weekly ☐ Semi-Monthly ☐ Other ☐ Bi-Weekly ☐ Monthly Specify______

Page 3

VI.

LIST OF ALL CHILD SUPPORT OR ALIMONY PAYMENTS MADE BY THE STEPPARENT TO OR ON BEHALF OF INDIVIDUALS NOT LISTED AS DEPENDENTS IN SECTION III OR IV

NAME OF PERSON FOR WHOM PAYMENT IS MADE:
ADDRESS WHERE PERSON RESIDES:
TYPE OF PAYMENT: ☐ CHILD SUPPORT ☐ ALIMONY

AMOUNT OF PAYMENT:
HOW OFTEN PAID: ☐ Weekly ☐ Semi-Monthly ☐ Other (Specify)________ ☐ Bi-Weekly ☐ Monthly

TO WHOM PAYMENT IS MADE:
THE PAYMENT IS THE RESULT OF: ☐ COURT ORDER ☐ VOLUNTARY AGREEMENT

NAME OF PERSON FOR WHOM PAYMENT IS MADE:
ADDRESS WHERE PERSON RESIDES:
TYPE OF PAYMENT ☐ CHILD SUPPORT ☐ ALIMONY

AMOUNT OF PAYMENT:
HOW OFTEN PAID: ☐ Weekly ☐ Semi-Monthly ☐ Other (Specify)________ ☐ Bi-Weekly ☐ Monthly

TO WHOM PAYMENT IS MADE:
THE PAYMENT IS THE RESULT OF: ☐ COURT ORDER ☐ VOLUNTARY AGREEMENT

NAME OF PERSON FOR WHOM PAYMENT IS MADE:
ADDRESS WHERE PERSON RESIDES:
TYPE OF PAYMENT ☐ CHILD SUPPORT ☐ ALIMONY

AMOUNT OF PAYMENT:
HOW OFTEN PAID: ☐ Weekly ☐ Semi-Monthly ☐ Other (Specify)________ ☐ Bi-Weekly ☐ Monthly

TO WHOM PAYMENT IS MADE:
THE PAYMENT IS THE RESULT OF: ☐ COURT ORDER ☐ VOLUNTARY AGREEMENT

Page 4

VII.
STEPPARENT EARNED INCOME INFORMATION (If the stepparent is working, the following section must be completed. Enter NONE if not employed.)

NAME OF EMPLOYER:		EMPLOYER ADDRESS:
# OF HOURS WORKED EACH WEEK:	AVERAGE GROSS EARNINGS FOR EACH PAY PERIOD:	IF SELF-EMPLOYED, LIST AMOUNT OF BUSINESS EXPENSES:

EACH PAY PERIOD COVERS:
☐ Week ☐ Month ☐ Other
☐ 2 Weeks ☐ ½ Month (Specify)____________________

NAME OF 2nd EMPLOYER:		EMPLOYER ADDRESS:
# OF HOURS WORKED EACH WEEK:	AVERAGE GROSS EARNINGS FOR EACH PAY PERIOD:	IF SELF-EMPLOYED, LIST AMOUNT OF BUSINESS EXPENSES:

EACH PAY PERIOD COVERS:
☐ Week ☐ Month ☐ Other
☐ 2 Weeks ☐ ½ Month (Specify)____________________

VIII.
STEPPARENT INCOME (From other than Earnings) (List all income received from whatever source. If NONE, enter none.)

SOURCE	AMOUNT RECEIVED	HOW OFTEN IT IS RECEIVED
SOCIAL SECURITY		MONTHLY
VA BENEFIT (FEDERAL)		MONTHLY
STATE VETERANS		
UNEMPLOYMENT INSURANCE		
WORKMEN'S COMPENSATION		
PENSION		
OTHER (SPECIFY)		
OTHER (SPECIFY)		

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ OR HAVE HAD READ TO ME THE INFORMATION GIVEN IN THIS APPLICATION SUPPLEMENT AND THAT SUCH INFORMATION GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AM AWARE OF MY RESPONSIBILITY TO REPORT IMMEDIATELY IN PERSON OR BY MAIL OR TELEPHONE ANY CHANGE IN THE INFORMATION GIVEN IN THE SUPPLEMENT TO MY WORKER OR WELFARE OFFICE. I UNDERSTAND A VIOLATION OF THIS PARAGRAPH MAY BE FOUND AS AN INDICATION OF FRAUD.

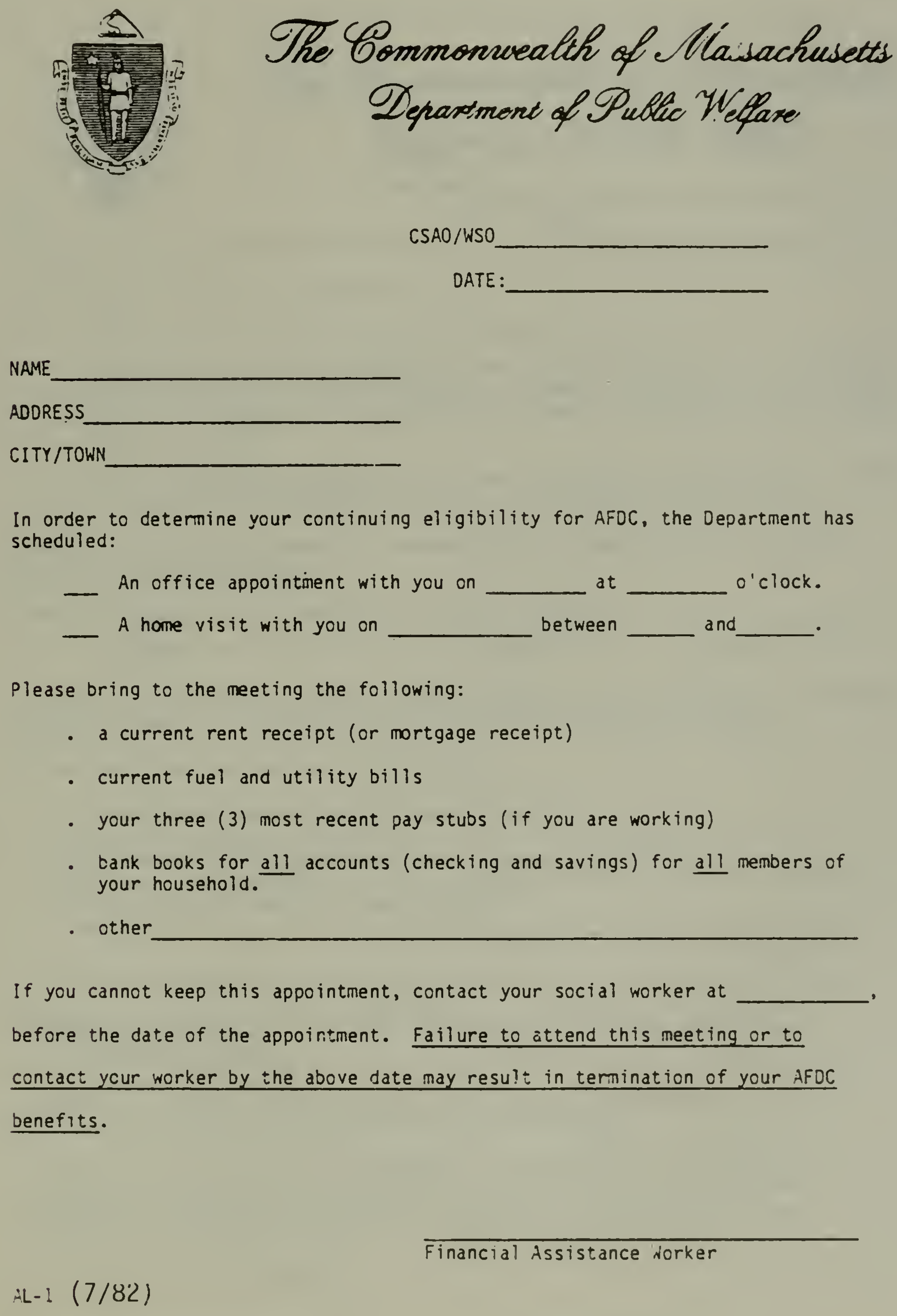
I HAVE READ ALL OF THE ABOVE AND/OR HAVE HAD IT READ FOR ME BY AN INTERPRETER, AND I FULLY UNDERSTAND ITS CONTENT.

DATE____________________ LEGAL SIGNATURE OF APPLICANT/RECIPIENT

WITNESS____________________ ____________________

5035: AL-1: Appointment Letter/Individual Redetermination

This appointment letter is used to notify the recipient of a scheduled redetermination. It gives the time, date, and place of the appointment, and lists the required verifications. It is mailed to the recipient at least 7 days in advance of the appointment date.



The Commonwealth of Massachusetts
Department of Public Welfare

CSAO/WSO____________________
DATE:____________________

NAME________________________
ADDRESS______________________
CITY/TOWN____________________

In order to determine your continuing eligibility for AFDC, the Department has scheduled:

___ An office appointment with you on ________ at ________ o'clock.

___ A home visit with you on ___________ between _____ and______.

Please bring to the meeting the following:

- a current rent receipt (or mortgage receipt)
- current fuel and utility bills
- your three (3) most recent pay stubs (if you are working)
- bank books for all accounts (checking and savings) for all members of your household.
- other____

If you cannot keep this appointment, contact your social worker at __________, before the date of the appointment. Failure to attend this meeting or to contact your worker by the above date may result in termination of your AFDC benefits.

____
Financial Assistance Worker

AL-1 (7/82)

5036: AL-2 APPOINTMENT LETTER/GROUP REDETERMINATION

This appointment letter is used to notify the recipients of the Group Redetermination Process. It gives the time, date, and place of the session and the required verifications, as well as, requiring the recipient to complete the first two pages of the redetermination form. It is mailed to the recipient along with a blank AP-2.

The Commonwealth of Massachusetts
Department of Public Welfare

CSAU/WSU ____________________

NAME ____________________ DATE: ____________

ADDRESS ____________________

CITY/TOWN ____________________ ZIP ____________

The Department must conduct redeterminations of eligibility for all recipients. Any eligibility factors which are subject to change, including but not limited to changes to the members of your household, earned or unearned income, assets, etc., must be reviewed.

In order to insure that Department staff are continually available in the office to respond to recipient request, the following changes are being made.

Except in special circumstances, redetermination interviews will no longer be conducted in your home.

The interviews will be conducted in a Group Session at:

____________________ ____________ ________ O'Clock.
Location Date Time

Absolutely nothing of a personal or confidential nature is discussed in front of other recipients. Private interviews will follow the Group Session.

Please bring to the meeting the following:

. a current rent receipt (or mortgage statement);
. current fuel and utility bills;
. your three (3) most recent pay stubs (if you are working); and
. bank books and statements for all accounts (checking, savings, and credit unions) for all members of your household.
. Other ____________________________________

____

Because the session will not start until all recipients are present it is important that you arrive on time. The sessions are scheduled to last approximately 90 minutes.

Attached is a blank redetermination form. Please complete pages one and two before you bring the form with you to the session.

Please call to confirm your appointment, at which time I will answer any questions you may have concerning this matter. Failure to attend this meeting or to contact your worker by the above date may result in termination of your AFDC benefits.

Thank you for your cooperation.

____________________ ____________________
Financial Assistance Worker Telephone Number
AL-2

5037: RR-1 REDETERMINATION ROSTER/GROUP REDETERMINATIONS

This form is used by the workers to list the clients scheduled for a group redetermination. It is also used by the clerk to number the file folders and index cards and sign in the recipients, as well as, note the order of appearences of the recipients for the redetermination. It is used again by the workers for the private interviews.

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC WELFARE

REDETERMINATION ROSTER

DATE OF SESSION: ______________

TIME OF SESSION: ______________

WORKERS: 1. ______________

2. ______________

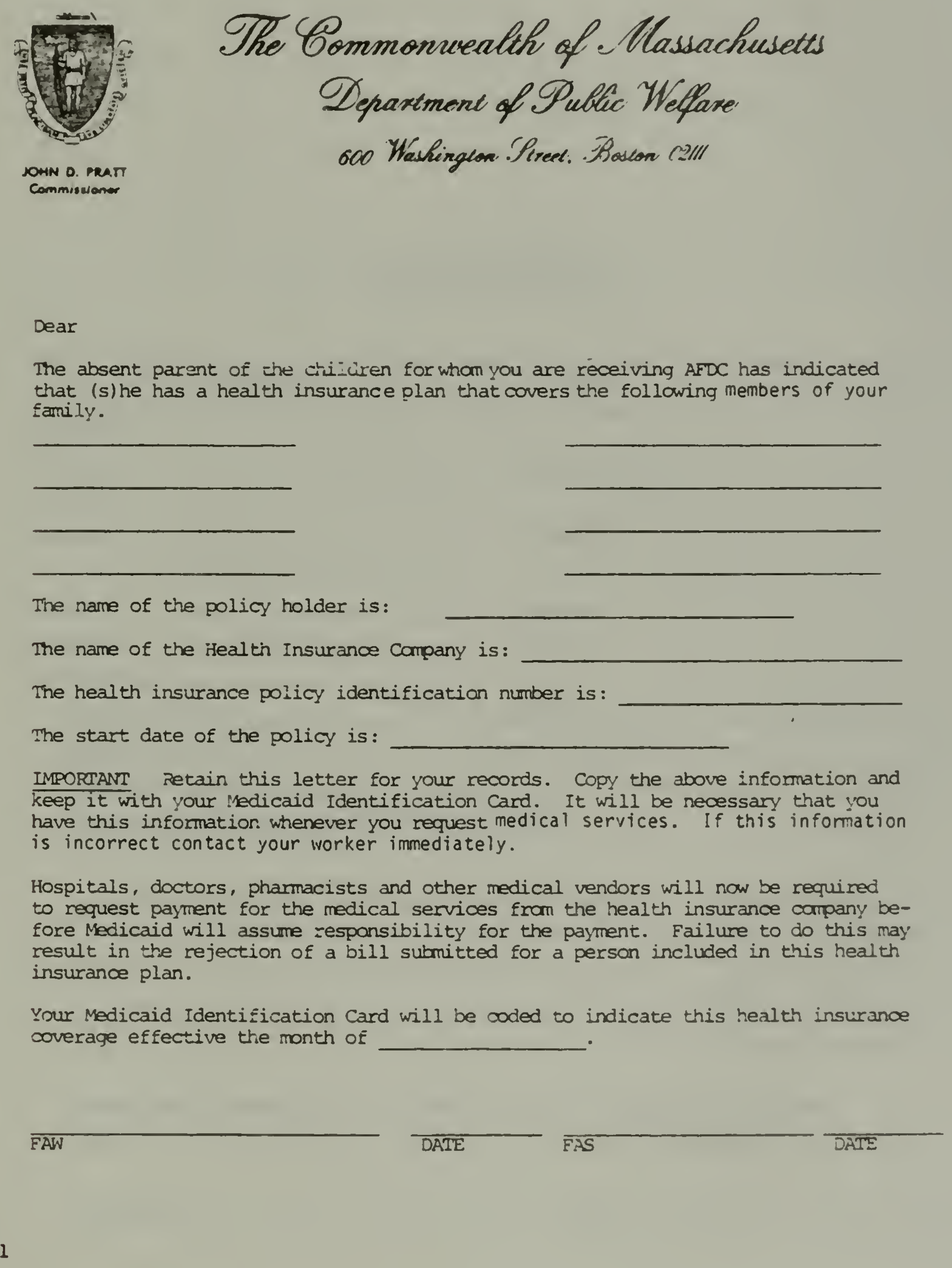
3. ______________

WORKER #1 ______________

FOLDER NUMBER	NAME	SIGN IN	ORDER OF APPEARANCE
1			
2			
3			
4			
5			
6			
7			
8			
WORKER #2			
9			
10			
11			
12			
13			
14			
15			
16			
WORKER #3			
17			
18			
19			
21			
22			
23			
24			

5201 TPL-1 NOTICE TO RECIPIENT REGARDING THIRD PARTY MEDICAL INSURANCE COVERAGE

Upon receipt of an A-24C, Notice of Third Party Medical Insurance Coverage, from CSEU, you must notify the recipient with a TPL-1, Notice to Recipient Regarding Third Party Medical Insurance Coverage. This form is to be completed in duplicate with one copy mailed to the recipient with the other copy being placed in the case folder; see CAG 4876: Utilization of Absent Parent Health Insurance Coverage.



The Commonwealth of Massachusetts
Department of Public Welfare
600 Washington Street, Boston 02111

JOHN D. PRATT
Commissioner

Dear

The absent parent of the children for whom you are receiving AFDC has indicated that (s)he has a health insurance plan that covers the following members of your family.

______________________   ______________________
______________________   ______________________
______________________   ______________________
______________________   ______________________

The name of the policy holder is: ______________________

The name of the Health Insurance Company is: ______________________

The health insurance policy identification number is: ______________________

The start date of the policy is: ______________________

IMPORTANT Retain this letter for your records. Copy the above information and keep it with your Medicaid Identification Card. It will be necessary that you have this information whenever you request medical services. If this information is incorrect contact your worker immediately.

Hospitals, doctors, pharmacists and other medical vendors will now be required to request payment for the medical services from the health insurance company before Medicaid will assume responsibility for the payment. Failure to do this may result in the rejection of a bill submitted for a person included in this health insurance plan.

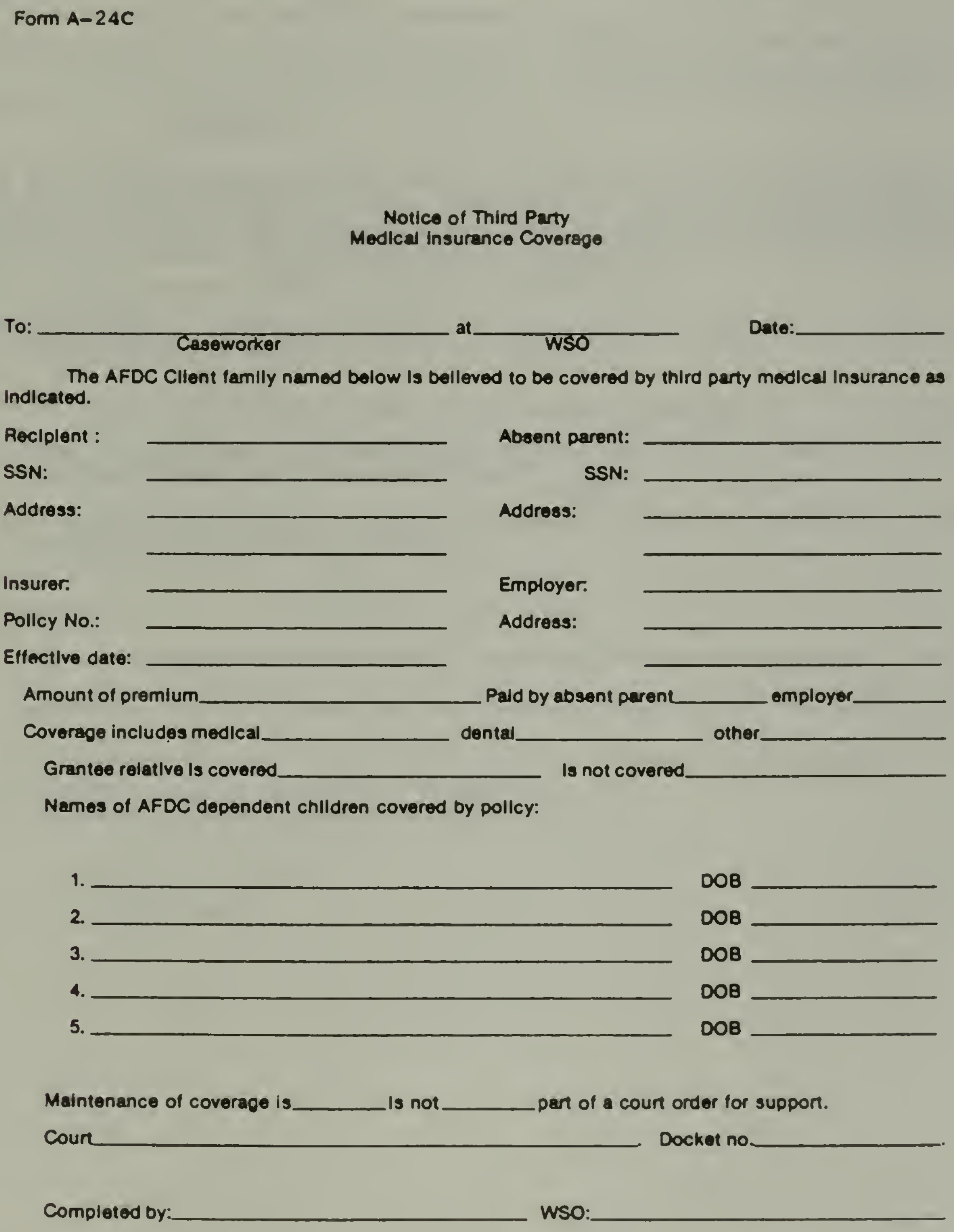
Your Medicaid Identification Card will be coded to indicate this health insurance coverage effective the month of ______________.

FAW	DATE	FAS	DATE

TPL-1

5224 A-24C, NOTICE OF THIRD PARTY MEDICAL INSURANCE COVERAGE

The A-24C, Notice of Third Party Medical Insurance Coverage, is a four page carbonized form completed by CSEU staff to transmit health insurance information to AP staff. The original copy is forwarded to the AP worker for action and to be placed in the case folder. One copy is kept in the local CSEU files and two copies are forwarded to CSEU, 600 Washington Street, Boston; see CAG 4876: Utilization of Absent Parent Health Insurance Information.



Form A-24C

Notice of Third Party
Medical Insurance Coverage

To: ______________________ (Caseworker) at ____________ (WSO) Date: ____________

The AFDC Client family named below is believed to be covered by third party medical insurance as indicated.

Recipient :	____________	Absent parent:	____________
SSN:	____________	SSN:	____________
Address:	____________ ____________	Address:	____________ ____________
Insurer:	____________	Employer:	____________
Policy No.:	____________	Address:	____________ ____________
Effective date:	____________		

Amount of premium____________ Paid by absent parent________ employer________

Coverage includes medical__________ dental__________ other__________

Grantee relative is covered__________ is not covered__________

Names of AFDC dependent children covered by policy:

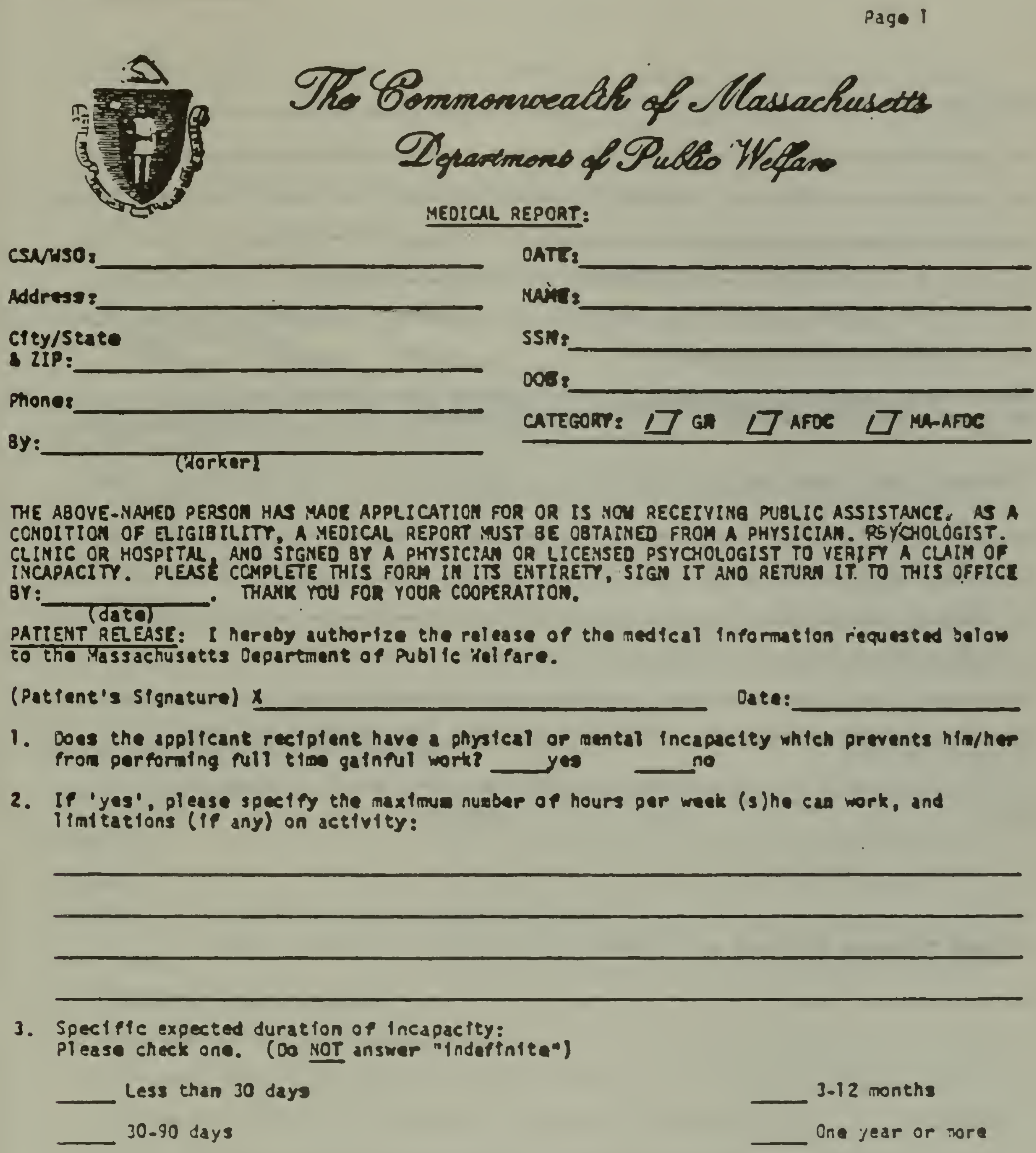
1. ______________________ DOB ____________
2. ______________________ DOB ____________
3. ______________________ DOB ____________
4. ______________________ DOB ____________
5. ______________________ DOB ____________

Maintenance of coverage is________ is not________ part of a court order for support.

Court______________________. Docket no.____________.

Completed by:____________________ WSO:____________________

5330: Medical Report



Page 1

The Commonwealth of Massachusetts
Department of Public Welfare

MEDICAL REPORT:

CSA/WSO: ______________________

Address: ______________________

City/State
& ZIP: ______________________

Phone: ______________________

By: ______________________
(Worker)

DATE: ______________________

NAME: ______________________

SSN: ______________________

DOB: ______________________

CATEGORY: ☐ GR ☐ AFDC ☐ MA-AFDC

THE ABOVE-NAMED PERSON HAS MADE APPLICATION FOR OR IS NOW RECEIVING PUBLIC ASSISTANCE. AS A CONDITION OF ELIGIBILITY, A MEDICAL REPORT MUST BE OBTAINED FROM A PHYSICIAN, PSYCHOLOGIST, CLINIC OR HOSPITAL, AND SIGNED BY A PHYSICIAN OR LICENSED PSYCHOLOGIST TO VERIFY A CLAIM OF INCAPACITY. PLEASE COMPLETE THIS FORM IN ITS ENTIRETY, SIGN IT AND RETURN IT TO THIS OFFICE BY: ____________. THANK YOU FOR YOUR COOPERATION.
(date)

PATIENT RELEASE: I hereby authorize the release of the medical information requested below to the Massachusetts Department of Public Welfare.

(Patient's Signature) X ______________________ Date: ____________

1. Does the applicant recipient have a physical or mental incapacity which prevents him/her from performing full time gainful work? _____yes _____no

2. If 'yes', please specify the maximum number of hours per week (s)he can work, and limitations (if any) on activity:

____

____

____

____

3. Specific expected duration of incapacity:
Please check one. (Do NOT answer "indefinite")

_____ Less than 30 days

_____ 30-90 days

_____ 3-12 months

_____ One year or more

SS-32A

Page 2

4. Diagnosis of condition and date of onset: ____________________

____

____

____

____

5. Is this condition the result of an accident? ____yes ____no

6. Is the applicant/recipient pregnant? ____yes ____no ____EDD

7. Date of most recent medical examination. (If this is a GR applicant/recipient, the medical examination must be within the last 30 days.) ____________

8. Findings of most recent medical examination. Include dates of hospitalization, if any.

____

____

____

____

____

9. List any supportive diagnostic data (X-RAY, EEG, EKG, LAB, CARDIAC CLASS, etc.): If none, so state.

TEST:________________ DATE:________ FINDINGS:

10. Planned follow-up treatment and frequency of the same: (If none, so state)

____

____

____

Prognosis: ____________________________________

____

____

SS-32 A

11. Patient Needs: (Check) Drugs ____ Type: ____________________

Appliances ____ ____________________

Caretaker (No. of Hours) ____ ____________________

Would institutionalization be necessary without a caretaker? ____yes ____no

Special Diet ____ ____________________

If this is a GR applicant/recipient, fill out page 4.

12. If this patient has been or is expected to be discharged soon from your care, state date of discharge
Date:____________________ (If not applicable, state N/A)

13. List any relevant past history or other medical comments you feel necessary regarding this patient. You may also append to this report additional pages of records, tests or copies of the same you deem appropriate.

____

____

____

____

____

____

PHYSICIAN/PSYCHOLOGIST CERTIFICATION:

Name: (please print) ____________________

Signature: X____________________

Address: ____________________

Phone No.: ____________________

Date Signed: ____________________

If appropriate, complete page 4

PRESCRIBED DIET

PATIENT INFORMATION:

Sex ☐ M ☐ F Height: ____ft. ____in. Weight: Present: ____ Ideal ____

TYPE OF DIET:

Low Sodium ☐ High Calorie ☐ Diabetic #1 ☐ Diabetic #2 ☐ Low Calorie ☐

Other ______________________________

RECOMMENDED DURATION OF DIET: ______________________________

____

BRIEF SUMMARY OF DIET: (e.g., calories, nutrients, food groups: ______________________________

____

____

DIET INSTRUCTIONS

The physician shall insure that a copy of the diet is given to the patient, and that instruction is given on how to follow the diet. Diet and instructions must be given in the primary language of the patient. Types of food on the diet should be related to the patient's normal eating habits and food choices. Instructions to the patient must take into account circumstances which would make it difficult to follow a diet such as need to select foods in restaurants, use of prepared foods, etc.

WHO GAVE THE INSTRUCTIONS IN THE USE OF THE DIET:

Physician ☐ Nurse ☐ Nutritionist/Dietitian ☐ Other ☐ ______________

HOW WERE THE INSTRUCTIONS GIVEN:

Verbally ☐ Printed diet form ☐ Individual written instructions ☐

Other ☐ ______________________________

WHO WAS INSTRUCTED IN THE USE OF THE DIET:

Patient ☐ Spouse ☐ Parent ☐ Other household member ☐ Other ______________

Name: ______________________ Address: ______________________

____

____

SIGNATURE OF DIETITIAN/NUTRITIONIST

____

SIGNATURE OF PHYSICIAN

____

SS-32A
A-22

Attachment A

The Commonwealth of Massachusetts
Department of Public Welfare

Dear Doctor:

Your patient, ______________________________ has applied for Medical Assistance (Medicaid). To qualify, he or she must have a severe impairment which makes him/her unable to perform any substantial gainful activity.

The extent of his/her medical impairment will be reviewed by the State Medical Review Team, which includes a physician or psychiatrist to determine whether (s)he meets Social Security medical evaluation criteria under the Supplemental Security Income program for the disabled or blind (Title XVI). The program defines disability as "inability to engage in 'any' substantial gainful activity by reason of a medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months."

A physical or mental impairment must be established by medical evidence consisting of signs, symptoms, and laboratory findings. Medical reports should include:

1. Medical history;
2. Clinical findings, i.e., the results of physical or mental status examinations;
3. Laboratory findings, i.e., EKG, x-ray, chemical lab, psychological tests;
4. Diagnosis, i.e., statement of disease or injury based on its signs and symptoms;
5. Treatment prescribed with response and prognosis; and
6. Medical assessment which should include a description of:
    a. ability to do work-related activities;
    b. in cases of mental impairment, ability to reason or make occupational, personal or social adjustments;
    c. nature and limiting effects of impairment, and probable duration.

Your cooperation in supplying complete and detailed medical evidence, including the clinical and laboratory findings, is appreciated. Copies of medical reports on letterhead, or hospital records which supply the requested medical evidence may be attached in lieu of completing the data on the form.

This medical report should be mailed to the CSAO/WSO listed above, and must be signed by a physician or psychologist.

[illegible]-32-MA/DA Cover Letter

Commonwealth of Massachusetts
Department of Public Welfare

GENERAL MEDICAL REPORT

Please fill out this form and return. Your findings must be substantiated by objective data, including physical findings, laboratory, x-ray, EKG, pathology, and other appropriate studies.

RETURN TO

TO PHYSICIAN'S NAME	FROM OFFICE — DATE
ADDRESS	ADDRESS
CITY/TOWN — ZIP	CITY/TOWN — ZIP
	REQUESTER'S NAME — TELEPHONE NUMBER

CLIENT-PATIENT DATA

NAME — SOCIAL SECURITY NUMBER — HOSPITAL OR PATIENT I.D.

ADDRESS — DATE OF BIRTH

CITY/TOWN — ZIP — TELEPHONE NUMBER — SEX

HISTORICAL AND CLINICAL DATA: DATES, HOSPITALIZATION, TREATMENT COURSE, DIAGNOSIS, MEDICAL AND PSYCHIATRIC HISTORY.

CURRENT MEDICATION: DOSAGE, TYPE, PURPOSE.

SS-32-MA/DA

PHYSICAL EXAM

DATE OF EXAM	HT	WT	TEMP	P	RESP	BP

Please check one:	NORM	ABN	DEF
1. Appearance			
2. Mental Status			
3. Head			
4. Eyes			
5. Ears			
6. Nose			
7. Mouth/Dentures			
8. Throat			
9. Neck			
10. Chest - Lungs			
11. Breasts			
12. Cardiovascular			
13. Abdomen			
14. Gen - UR			
15. GYN			
16. ABD - REC			
17. Neurological			
18. Lymph			
19. Skin			
20. Musco - Skel			

COMMENTS ON ABNORMAL FINDINGS:

LAB DATA: RELEVANT DATA OBJECTIVELY SUPPORTING DIAGNOSES AND/OR DISABILITIES. ATTACH COPIES OF REPORTS (i.e., EKG, x-ray, pathology, pulmonary function, chemical lab, psychological tests, etc.)

Diagnoses:

Primary:

Secondary:

Other:

FUNCTIONAL CAPACITY: TYPE AND DURATION OF PHYSICAL LIMITATIONS FOR ACTIVITIES OF DAILY LIVING AND EMPLOYMENT (i.e., lifting, climbing, walking, standing, dexterity, temperature or dust tolerance, etc.). DESCRIBE EXTENT OF LIMITATIONS.

TYPE AND DURATION OF MENTAL LIMITATIONS (e.g. ability to understand, remember, carry out instructions, use of judgment, etc. DESCRIBE EXTENT OF LIMITATIONS.

Attachment A

SIGNIFICANT PSYCHOSOCIAL FACTORS; DAILY ACTIVITIES, INTERESTS AND MOTIVATION, ABILITY TO RELATE TO OTHER PEOPLE, ATTITUDES, ETC.

CAN PATIENT PERFORM SIGNIFICANT AND PRODUCTIVE PHYSICAL OR MENTAL DUTIES (i.e., work)?

IF YES, NO. OF HOURS PER WEEK ____________________ DURATION OF INCAPACITY ____________________

RECOMMENDATIONS: FURTHER DIAGNOSTIC SERVICES, TREATMENT OR REFERRALS

Prognosis:

PHYSICIAN'S, PSYCHOLOGIST'S SIGNATURE PHYSICIAN'S SPECIALTY

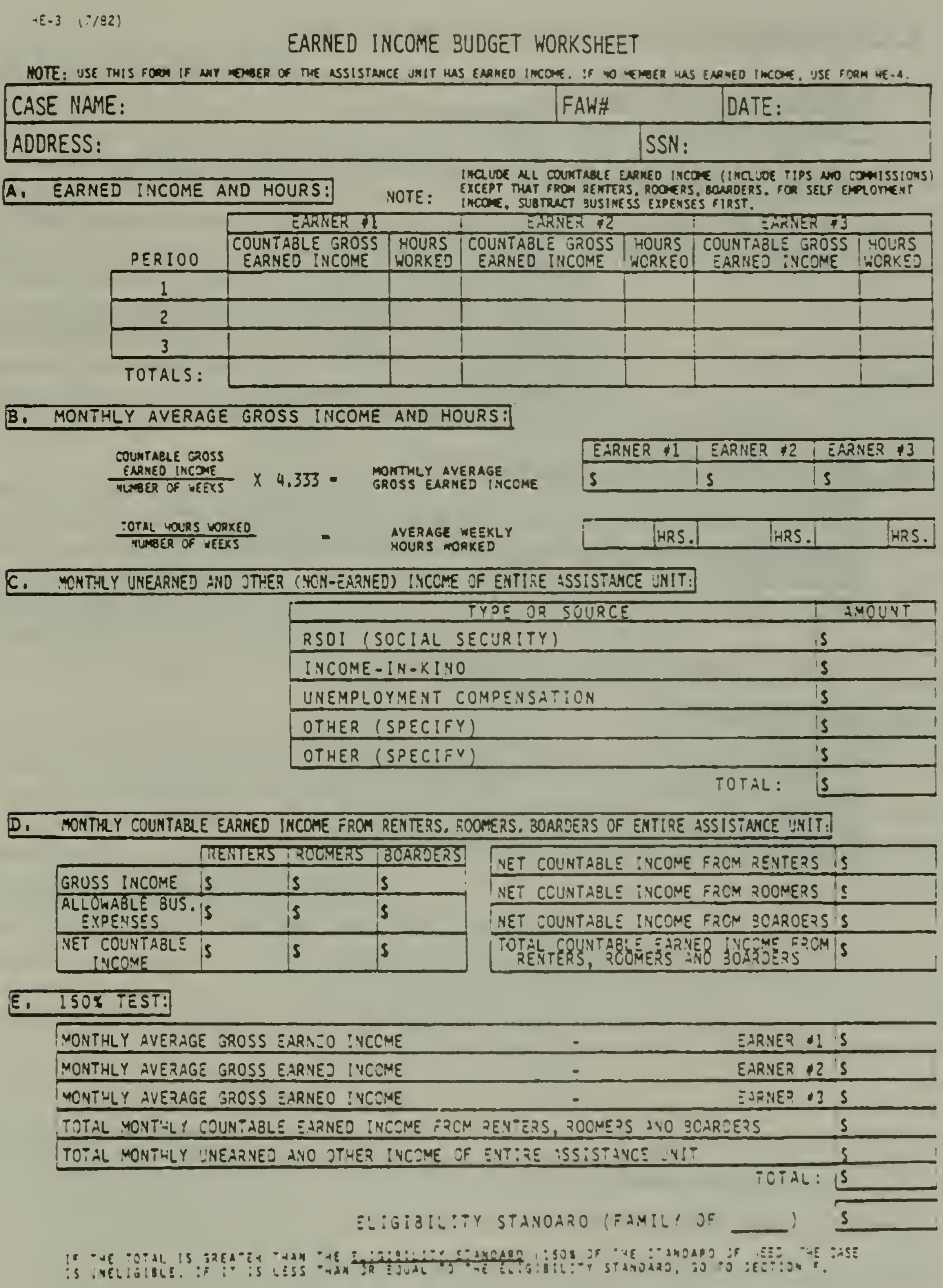
PHYSICIAN'S NAME (please print or type) DATE TELEPHONE NUMBER

FOR HOSPITAL RECORDS LIBRARIANS: PLEASE ATTACH PHOTOSTATS OF PERTINENT HOSPITAL RECORDS.

5[illegible]-3[illegible]-MA/DA

5410: HE-3: Earned Income Budget Worksheet

This form is to be used whenever it is necessary to manually calculate the grant to an assistance unit with earned income.



HE-3 (7/82)

EARNED INCOME BUDGET WORKSHEET

NOTE: USE THIS FORM IF ANY MEMBER OF THE ASSISTANCE UNIT HAS EARNED INCOME. IF NO MEMBER HAS EARNED INCOME, USE FORM HE-4.

CASE NAME:	FAW#	DATE:
ADDRESS:		SSN:

A. EARNED INCOME AND HOURS:

NOTE: INCLUDE ALL COUNTABLE EARNED INCOME (INCLUDE TIPS AND COMMISSIONS) EXCEPT THAT FROM RENTERS, ROOMERS, BOARDERS. FOR SELF EMPLOYMENT INCOME, SUBTRACT BUSINESS EXPENSES FIRST.

	EARNER #1		EARNER #2		EARNER #3	
PERIOD	COUNTABLE GROSS EARNED INCOME	HOURS WORKED	COUNTABLE GROSS EARNED INCOME	HOURS WORKED	COUNTABLE GROSS EARNED INCOME	HOURS WORKED
1						
2						
3						
TOTALS:						

B. MONTHLY AVERAGE GROSS INCOME AND HOURS:

$\frac{\text{COUNTABLE GROSS EARNED INCOME}}{\text{NUMBER OF WEEKS}}$ X 4.333 = MONTHLY AVERAGE GROSS EARNED INCOME

$\frac{\text{TOTAL HOURS WORKED}}{\text{NUMBER OF WEEKS}}$ = AVERAGE WEEKLY HOURS WORKED

	EARNER #1	EARNER #2	EARNER #3
MONTHLY AVERAGE GROSS EARNED INCOME	$	$	$
AVERAGE WEEKLY HOURS WORKED	HRS.	HRS.	HRS.

C. MONTHLY UNEARNED AND OTHER (NON-EARNED) INCOME OF ENTIRE ASSISTANCE UNIT:

TYPE OR SOURCE	AMOUNT
RSDI (SOCIAL SECURITY)	$
INCOME-IN-KIND	$
UNEMPLOYMENT COMPENSATION	$
OTHER (SPECIFY)	$
OTHER (SPECIFY)	$
TOTAL:	$

D. MONTHLY COUNTABLE EARNED INCOME FROM RENTERS, ROOMERS, BOARDERS OF ENTIRE ASSISTANCE UNIT:

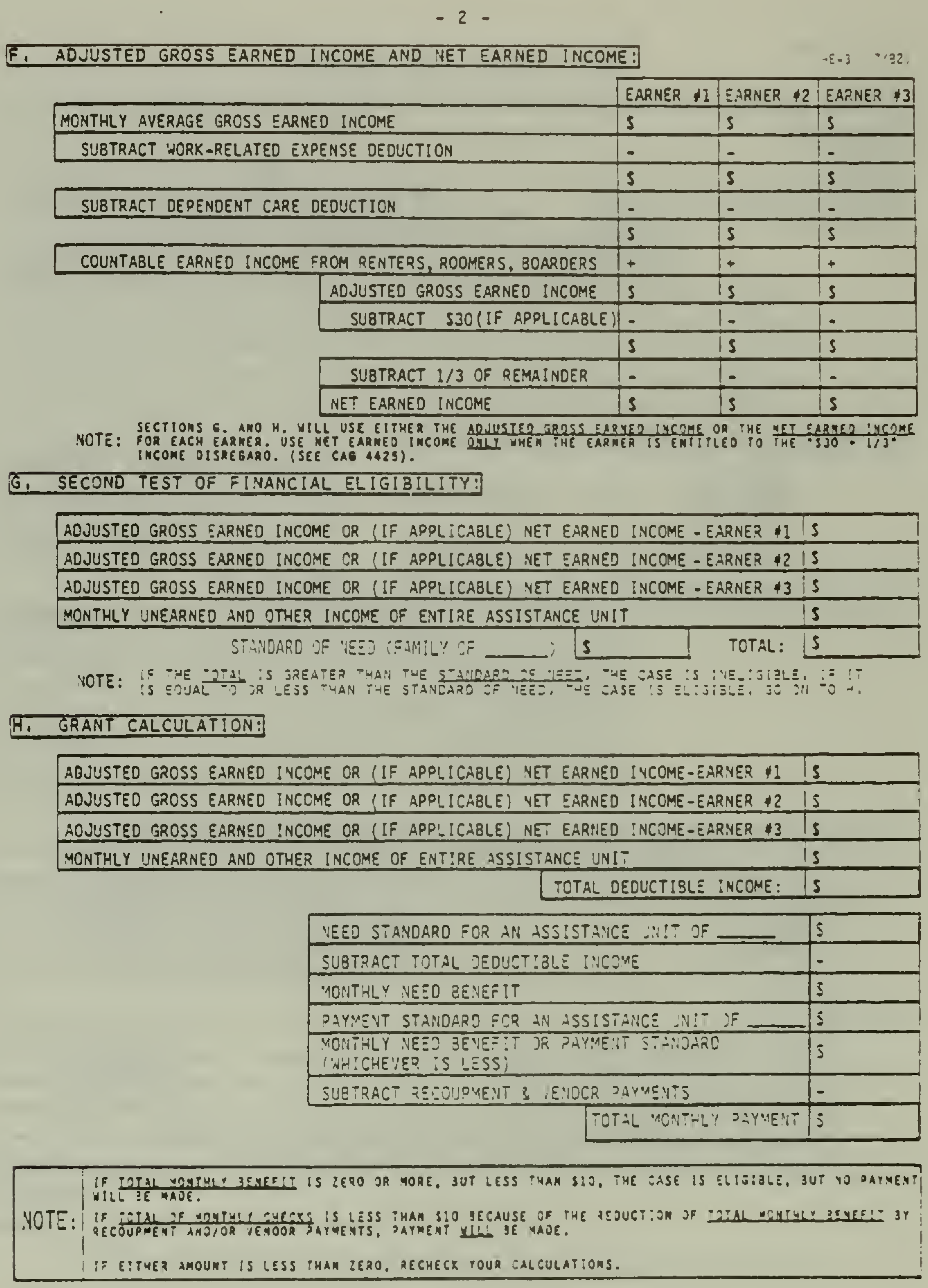
	RENTERS	ROOMERS	BOARDERS
GROSS INCOME	$	$	$
ALLOWABLE BUS. EXPENSES	$	$	$
NET COUNTABLE INCOME	$	$	$

NET COUNTABLE INCOME FROM RENTERS	$
NET COUNTABLE INCOME FROM ROOMERS	$
NET COUNTABLE INCOME FROM BOARDERS	$
TOTAL COUNTABLE EARNED INCOME FROM RENTERS, ROOMERS AND BOARDERS	$

E. 150% TEST:

MONTHLY AVERAGE GROSS EARNED INCOME -	EARNER #1	$
MONTHLY AVERAGE GROSS EARNED INCOME -	EARNER #2	$
MONTHLY AVERAGE GROSS EARNED INCOME -	EARNER #3	$
TOTAL MONTHLY COUNTABLE EARNED INCOME FROM RENTERS, ROOMERS AND BOARDERS		$
TOTAL MONTHLY UNEARNED AND OTHER INCOME OF ENTIRE ASSISTANCE UNIT		$
	TOTAL:	$
ELIGIBILITY STANDARD (FAMILY OF ____)		$

IF THE TOTAL IS GREATER THAN THE ELIGIBILITY STANDARD (150% OF THE STANDARD OF NEED) THE CASE IS INELIGIBLE. IF IT IS LESS THAN OR EQUAL TO THE ELIGIBILITY STANDARD, GO TO SECTION F.



- 2 -

F. ADJUSTED GROSS EARNED INCOME AND NET EARNED INCOME:

-E-3 7/82.

	EARNER #1	EARNER #2	EARNER #3
MONTHLY AVERAGE GROSS EARNED INCOME	$	$	$
SUBTRACT WORK-RELATED EXPENSE DEDUCTION	-	-	-
	$	$	$
SUBTRACT DEPENDENT CARE DEDUCTION	-	-	-
	$	$	$
COUNTABLE EARNED INCOME FROM RENTERS, ROOMERS, BOARDERS	+	+	+
ADJUSTED GROSS EARNED INCOME	$	$	$
SUBTRACT $30 (IF APPLICABLE)	-	-	-
	$	$	$
SUBTRACT 1/3 OF REMAINDER	-	-	-
NET EARNED INCOME	$	$	$

NOTE: SECTIONS G. AND H. WILL USE EITHER THE ADJUSTED GROSS EARNED INCOME OR THE NET EARNED INCOME FOR EACH EARNER. USE NET EARNED INCOME ONLY WHEN THE EARNER IS ENTITLED TO THE "$30 + 1/3" INCOME DISREGARD. (SEE CAG 4425).

G. SECOND TEST OF FINANCIAL ELIGIBILITY:

ADJUSTED GROSS EARNED INCOME OR (IF APPLICABLE) NET EARNED INCOME - EARNER #1	$
ADJUSTED GROSS EARNED INCOME OR (IF APPLICABLE) NET EARNED INCOME - EARNER #2	$
ADJUSTED GROSS EARNED INCOME OR (IF APPLICABLE) NET EARNED INCOME - EARNER #3	$
MONTHLY UNEARNED AND OTHER INCOME OF ENTIRE ASSISTANCE UNIT	$

STANDARD OF NEED (FAMILY OF ______) $ TOTAL: $

NOTE: IF THE TOTAL IS GREATER THAN THE STANDARD OF NEED, THE CASE IS INELIGIBLE. IF IT IS EQUAL TO OR LESS THAN THE STANDARD OF NEED, THE CASE IS ELIGIBLE. GO ON TO H.

H. GRANT CALCULATION:

ADJUSTED GROSS EARNED INCOME OR (IF APPLICABLE) NET EARNED INCOME-EARNER #1	$
ADJUSTED GROSS EARNED INCOME OR (IF APPLICABLE) NET EARNED INCOME-EARNER #2	$
ADJUSTED GROSS EARNED INCOME OR (IF APPLICABLE) NET EARNED INCOME-EARNER #3	$
MONTHLY UNEARNED AND OTHER INCOME OF ENTIRE ASSISTANCE UNIT	$
TOTAL DEDUCTIBLE INCOME:	$

NEED STANDARD FOR AN ASSISTANCE UNIT OF ______	$
SUBTRACT TOTAL DEDUCTIBLE INCOME	-
MONTHLY NEED BENEFIT	$
PAYMENT STANDARD FOR AN ASSISTANCE UNIT OF ______	$
MONTHLY NEED BENEFIT OR PAYMENT STANDARD (WHICHEVER IS LESS)	$
SUBTRACT RECOUPMENT & VENDOR PAYMENTS	-
TOTAL MONTHLY PAYMENT	$

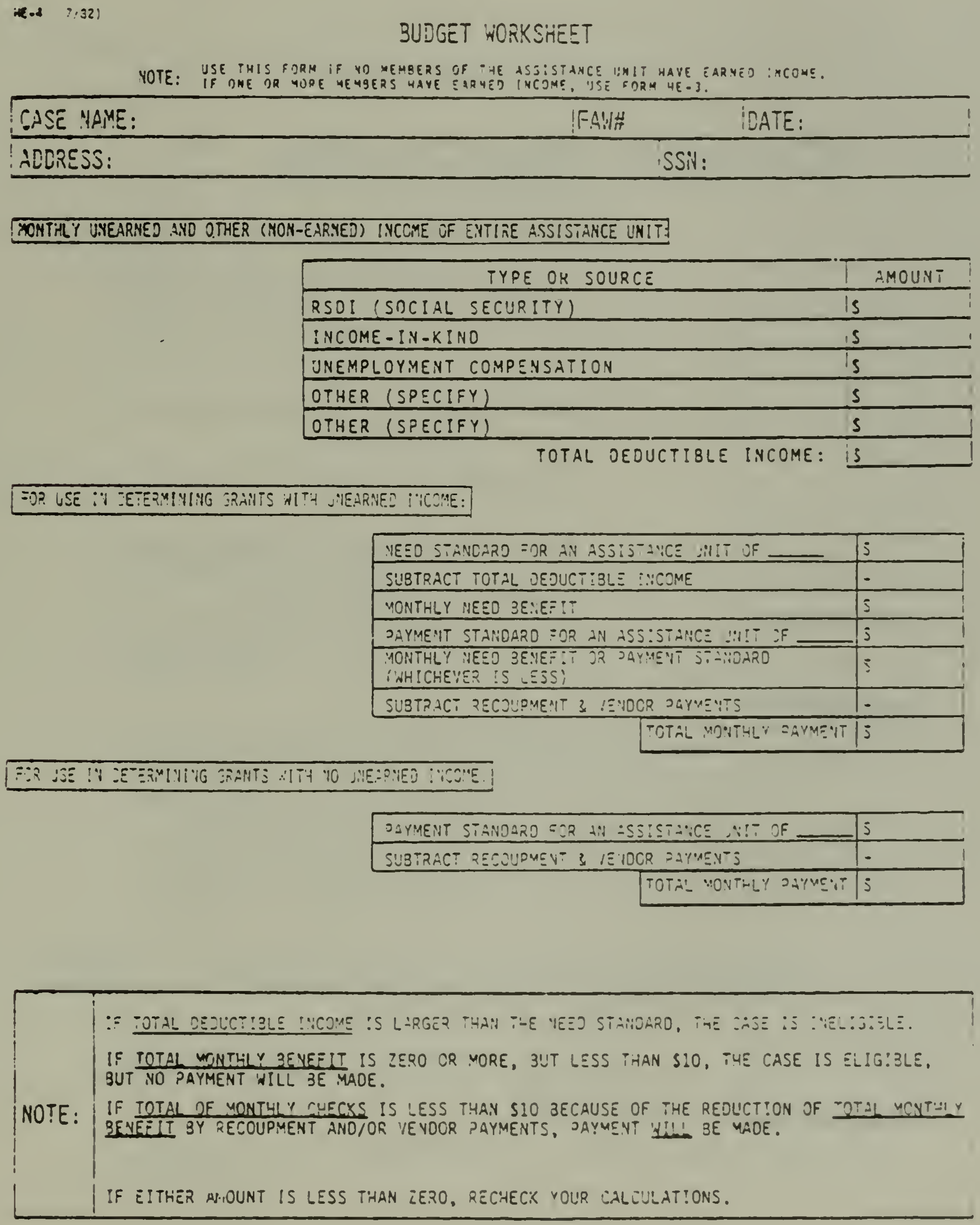
NOTE: IF TOTAL MONTHLY BENEFIT IS ZERO OR MORE, BUT LESS THAN $10, THE CASE IS ELIGIBLE, BUT NO PAYMENT WILL BE MADE.

IF TOTAL OF MONTHLY CHECKS IS LESS THAN $10 BECAUSE OF THE REDUCTION OF TOTAL MONTHLY BENEFIT BY RECOUPMENT AND/OR VENDOR PAYMENTS, PAYMENT WILL BE MADE.

IF EITHER AMOUNT IS LESS THAN ZERO, RECHECK YOUR CALCULATIONS.

5411: HE-4: Budget Worksheet

This form is to be used whenever it is necessary to manually calculate the grant to an assistance unit without earned income.



HE-4 (7/82)

BUDGET WORKSHEET

NOTE: USE THIS FORM IF NO MEMBERS OF THE ASSISTANCE UNIT HAVE EARNED INCOME. IF ONE OR MORE MEMBERS HAVE EARNED INCOME, USE FORM HE-3.

CASE NAME: FAW# DATE:
ADDRESS: SSN:

MONTHLY UNEARNED AND OTHER (NON-EARNED) INCOME OF ENTIRE ASSISTANCE UNIT:

TYPE OR SOURCE	AMOUNT
RSDI (SOCIAL SECURITY)	$
INCOME-IN-KIND	$
UNEMPLOYMENT COMPENSATION	$
OTHER (SPECIFY)	$
OTHER (SPECIFY)	$
TOTAL DEDUCTIBLE INCOME:	$

FOR USE IN DETERMINING GRANTS WITH UNEARNED INCOME:

NEED STANDARD FOR AN ASSISTANCE UNIT OF ____	$
SUBTRACT TOTAL DEDUCTIBLE INCOME	-
MONTHLY NEED BENEFIT	$
PAYMENT STANDARD FOR AN ASSISTANCE UNIT OF ____	$
MONTHLY NEED BENEFIT OR PAYMENT STANDARD (WHICHEVER IS LESS)	$
SUBTRACT RECOUPMENT & VENDOR PAYMENTS	-
TOTAL MONTHLY PAYMENT	$

FOR USE IN DETERMINING GRANTS WITH NO UNEARNED INCOME:

PAYMENT STANDARD FOR AN ASSISTANCE UNIT OF ____	$
SUBTRACT RECOUPMENT & VENDOR PAYMENTS	-
TOTAL MONTHLY PAYMENT	$

NOTE:

IF TOTAL DEDUCTIBLE INCOME IS LARGER THAN THE NEED STANDARD, THE CASE IS INELIGIBLE.

IF TOTAL MONTHLY BENEFIT IS ZERO OR MORE, BUT LESS THAN $10, THE CASE IS ELIGIBLE, BUT NO PAYMENT WILL BE MADE.

IF TOTAL OF MONTHLY CHECKS IS LESS THAN $10 BECAUSE OF THE REDUCTION OF TOTAL MONTHLY BENEFIT BY RECOUPMENT AND/OR VENDOR PAYMENTS, PAYMENT WILL BE MADE.

IF EITHER AMOUNT IS LESS THAN ZERO, RECHECK YOUR CALCULATIONS.

5412: HE-5: Stepparent Liability Worksheet

This form is to be used whenever it is necessary to manually calculate whether the remarried parent is in need and the amount of the stepparent liability. See CAG 4302: The Income Eligibility Test for Remarried Parents and Determination of Attributable Income from a Stepparent.

HE-5 (7/82)

STEPPARENT LIABILITY WORKSHEET

NOTE: ALL FIGURES ARE ON A MONTHLY BASIS. CAG 4302 GIVES COMPLETE INSTRUCTIONS FOR THIS WORKSHEET. (USE 4333 AS A MULTIPLIER TO CONVERT FROM WEEKLY FIGURES TO MONTHLY FIGURES.)

SECTION (1) DETERMINE NEED OF REMARRIED PARENT

Stepparent's Gross Countable Earned Income (Gross self-employment less business expenses)	$
Subtract Work Related Expenses	-
	$
Plus Stepparent's Gross Countable Unearned Income	+
	$
Subtract Alimony or Support Paid by Stepparent	-
	$
Subtract Payments Actually Made by the Stepparent for Dependents Out of the Home	-
AVAILABLE INCOME TO STEPPARENT HOUSEHOLD	$
Subtract Need Standard (CAG 4140) (Stepparent and Eligible Dependent(s); Exclude Remarried Parent)	-
REMAINDER	$

- If Remainder is Greater Than the Incremental Need Standard the Remarried Parent is Ineligible, Complete Section (2) to Determine the Stepparent Liability.
- If the Remainder is Equal to or Less Than the Incremental Need Standard, the Remarried Parent is Eligible to be Included in the Assistance Unit.
  - If the remarried parent chooses to be in the assistance unit, the remainder is treated as unearned income available to the assistance unit.
  - If the remarried parent chooses not to be in the assistance unit, complete Section (2) to determine the amount available to the assistance unit, if any.

SECTION (2) STEPPARENT LIABILITY - INELIGIBLE REMARRIED PARENT

AVAILABLE INCOME TO STEPPARENT HOUSEHOLD - FROM SECTION (1)	$
Subtract Need Standard (CAG 4140) (Stepparent, Remarried Parent and Eligible Dependents)	-
STEPPARENT LIABILITY	$

ANY STEPPARENT LIABILITY GREATER THAN ZERO IS TREATED AS UNEARNED INCOME OF THE ASSISTANCE UNIT.

5610 RFI-1, REFERRAL FOR INVESTIGATION

Form RFI-1 is designed to serve a dual purpose. Firstly, it is used to refer cases of possible fraud to the Bureau of Special Investigations for investigation. Secondly, it is used to supply BSI with information from the case record, thus eliminating the necessity of a file review by BSI in many cases. The intent is to both formalize all Department contact with the BSI and to ultimately minimize worker contact with investigators. Proper completion of this form will facilitate processing of fraud referrals and should provide for a more prompt resolution of referrals.

Completion of this form does not require any investigation of the case on your part; investigation of fraud is solely the responsibility of BSI. Rather, this form is designed to convey to BSI the information that the Department already knows about the case (i.e., that information which has been reported to the Department). Therefore, this form should be completed using only that information which is contained in the case record. Once a decision has been made to submit a referral, you should not ask the recipient or any other party for information requested on this form. Complete the referral on the basis of the information contained in the case record.

You may attach documentation from other public sources (e.g., newspaper articles, etc.) that pertain to the area of possible fraud to be investigated. If more space is required to complete the referral, attach another RFI-1 (making sure that you indicate the recipient's name and social security number, and include your signature on the attached form).

1. Recipient Information

   Complete every item above the double line in this section. This information is readily available from the T.D., the AP-1 and AP-2 in the case record.

   ENTER YOUR CASE ASSIGNMENT NUMBER ON THE LINE ABOVE "WSO NO."
   The Department can automatically provide previous addresses back to 7/1/78.

   - If the recipient was not receiving assistance prior to 7/1/78, leave the "Prior Addresses" section blank.

   - If the recipient was receiving assistance prior to 7/1/78, enter the two most recent addresses prior to 7/1/78 in the spaces provided.

2. Source of Information

   Check the source of the information leading to the referral and indicate the date on which this information became known (not the date the circumstances in question occurred).

   - If the source is a computer match, check the type of match involved.

- If the source is the recipient (e.g., you are informed at a redetermination interview), check this item.

- If "other" is checked, make sure that you specify the source of the information (e.g., newspaper article, communication from another agency, etc.).

3. Area of Investigation

This section informs BSI of the circumstances in question which are being referred for investigation.

A. Indicate the category of assistance affected. For example, a recipient's primary category of assistance might be GR while the possible fraud might involve only a question of improper receipt of Food Stamps or Emergency Assistance.

B. Indicate the type of circumstances which are in question.

- Earned Income: specify the name of the employee, the name and address of the employer, and your best indication of the earnings involved.

- Unearned Income: specify the name of the recipient of this income, its source (e.g., UCC, SSI, etc.), and your best indication of the amount received.

- Assets: specify the owner of the asset, the type of asset (e.g., car, real property, bank account, etc.), and your best indication of its value. In the case of a bank account, specify the name of the bank and the account number if known.

- Other: specify the nature of the circumstances to be investigated (e.g., categorical eligibility factors such as an "absent" parent living in the home or the absence of a dependent from the assistance unit). In addition, questions of possible fraudulent receipt of EA would be entered here.

C. Indicate whether the circumstances in question were unreported or underreported.

- "Unreported" means that there is no indication in the case record that the recipient ever informed the Department of the circumstances to be investigated.

- "Underreported" means that the case record review indicates that the recipient did not fully and accurately inform the Department of the circumstances to be investigated. This could involve an understatement of the amount of income received or a tardy report of a change in circumstances (i.e., more than ten days after the change occurred).

- In the case of a computer match (and only in such cases), specify your best indication of the amount not reported. Subtract the amount on Line 7 in the DOR Discrepancy Form from the amount on Line 1 of the same form. Enter this result as the "amount not reported". THIS ITEM IS TO BE COMPLETED ONLY FOR THOSE CASES WHICH ARE BEING REFERRED AS THE RESULT OF A COMPUTER MATCH.

4. Corrective Action

Indicate what action, if any, has been taken to re-assess current eligibility in view of the circumstances which are being referred for investigation. Note that you may only reassess eligibility on the basis of current circumstances and not every referral will necessitate some change in assistance.

- Specify whether you have closed or reduced assistance on the basis of current information and specify the date this action became effective.
- If such action was delayed by an appeal, check the appropriate box.
- If you have taken no action affecting current eligibility, check the appropriate box.

It must be noted that some referrals will not require that any corrective action be taken. For example, if the basis of the referral is unreported income but it is verified that this income is no longer being currently received, current eligibility is not affected, and you should check "No action taken".

5. Notice of Reporting Responsibility

In order to determine whether prosecution for fraud is appropriate, BSI must know if the recipient had been informed of his or her responsibility to report changes in circumstances to the Department. This notification of recipient reporting responsibilities is an integral part of redetermination activities.

- If you have completed a redetermination of the recipient who is being referred, have informed the recipient of this reporting responsibility, and have secured the recipient's signature on the "Rights and Responsibilities" section of the AP-2, check "Yes" in this section.
- If you have not conducted a redetermination of this recipient, have not informed him or her of this responsibility or have not secured the recipient's signature on the AP-2, check "No" in this section.

6. Income History

This section provides information about the recipient's non-assistance income which will help BSI to focus its investigation. It should contain only that information which was known to the Department over the past two years (i.e., only that information which has been reported). This information should be obtained solely from the AP-1 and AP-2s in the case record (or from documents and wage records submitted since the last redetermination).

DO NOT INCLUDE INCOME HISTORY INVOLVING THE CIRCUMSTANCES WHICH ARE BEING REFERRED FOR INVESTIGATION.

- Starting with the most recent income (earned or unearned), specify the recipient of this income.
- Specify the name and address of the source of the income (e.g., employer, UCC, SSI, etc.).
- Specify your best indication of the monthly amount of this income.
- Specify the date this information was reported to the Department and, if applicable, the date this income was terminated.

7. Bank Account History

As in the previous section, this section should contain only that information which is known (i.e., reported) to the Department. Again, this information is to be obtained only from the AP-1 and AP-2s in the case record (or any documents submitted since the last redetermination). Complete this section for each bank account which has been reported to the Department over the past two years.

DO NOT INCLUDE ANY INFORMATION REGARDING A BANK ACCOUNT WHICH IS BEING REFERRED FOR INVESTIGATION.

- Specify the recipient or dependent who is the owner of the bank account.
- Specify the bank name and address.
- Specify the account number.
- Indicate the last known balance.
- Indicate the date the last known balance was recorded.

8. Absent Parent Information

Complete this section for all cases in which there is an absent parent. If there is no absent parent is this case, write "None" in the first line of the section.

This information may be obtained from the A-30 (Intake Supplement on Child Support) which is in the case record. There is no need to obtain further information from CSEU; if more complete or detailed information is needed, BSI will request an automated inquiry from CSEU.

9. Redetermination History

This information is needed to establish who may testify at a trial resulting from this referral. As well, it documents a history of notices to the recipient about his or her reporting responsibility. Complete this section by listing the dates of the last four redeterminations and the name of the worker who conducted the redetermination. This information is available from the AP-2s in the case record.

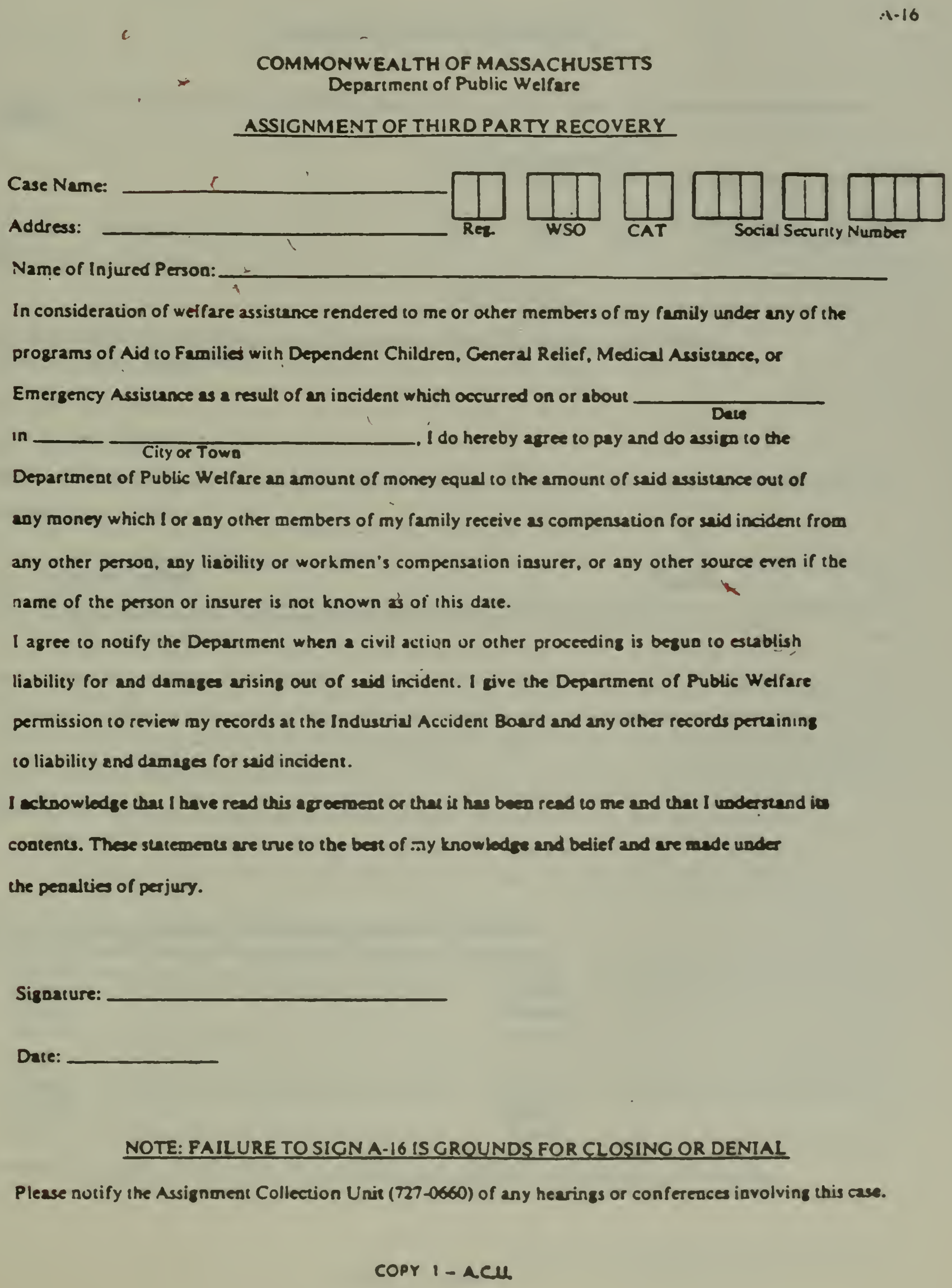
10. Signatures

Sign and date the completed referral. Submit it to your supervisor for his or her signature. Place one copy in the case record and forward the other to:

P.O. Box 68
Essex Station
Boston, MA 02112

5620: A-16: ASSIGNMENT OF THIRD PARTY RECOVERY

The A-16, must be completed and signed whenever applicants or recipients or anyone in the assistance unit may be requesting or receiving aid because of an accident, illness, or injury. See CAG 4880: Assignments for Third Party Recoveries.



A-16

COMMONWEALTH OF MASSACHUSETTS
Department of Public Welfare

ASSIGNMENT OF THIRD PARTY RECOVERY

Case Name: ______________________ ☐☐ Reg. ☐☐☐ WSO ☐☐ CAT ☐☐☐ ☐☐ ☐☐☐☐ Social Security Number

Address: ______________________

Name of Injured Person: ______________________

In consideration of welfare assistance rendered to me or other members of my family under any of the programs of Aid to Families with Dependent Children, General Relief, Medical Assistance, or Emergency Assistance as a result of an incident which occurred on or about ____________ (Date) in ______ ______________ (City or Town), I do hereby agree to pay and do assign to the Department of Public Welfare an amount of money equal to the amount of said assistance out of any money which I or any other members of my family receive as compensation for said incident from any other person, any liability or workmen's compensation insurer, or any other source even if the name of the person or insurer is not known as of this date.

I agree to notify the Department when a civil action or other proceeding is begun to establish liability for and damages arising out of said incident. I give the Department of Public Welfare permission to review my records at the Industrial Accident Board and any other records pertaining to liability and damages for said incident.

I acknowledge that I have read this agreement or that it has been read to me and that I understand its contents. These statements are true to the best of my knowledge and belief and are made under the penalties of perjury.

Signature: ______________________

Date: ____________

NOTE: FAILURE TO SIGN A-16 IS GROUNDS FOR CLOSING OR DENIAL

Please notify the Assignment Collection Unit (727-0660) of any hearings or conferences involving this case.

COPY 1 – A.C.U.

5621: A-17: ASSIGNMENT INFORMATION SHEET

Whenever applicants or recipients meet the criteria in CAG 4880 for third party recovery, A-17 must be completed. It provides information which is essential to the recovery of Assignments to the Department. See CAG 4880: Assignments to Third Party Recoveries.

A-17

ASSIGNMENT INFORMATION SHEET

Note: If worker has any questions regarding this form or the A-16 please contact the Assignment Collection Unit at 727-0660.

Case Identification Number:
☐☐ Reg. ☐☐☐ WSO ☐☐ CAT ☐☐☐ ☐☐ ☐☐☐☐ Social Security Number

Name: ______________________
Address: ______________________

Initial Date of Aid: ______________________

1. Is the above individual applying for or receiving assistance as a result of an accident, injury or illness for which a third party may be liable?

   Yes _____ No _____

2. Date of Accident or Injury ______________
3. Place of Accident or Injury ______________________
4. TYPE OF CASE:

   _____ Industrial Accident; If checked, ______________________ Employer
   _____ Automobile Accident
   _____ Other (please specify) ______________________
   _____ If Industrial Accident: has Workmen's Compensation claim been filed by employee? _____ Yes _____ No
   If no, client should file claim immediately.

5. Please provide a brief explanation of the circumstances surrounding the accident. ______________________
   ____
   ____
   ____
6. Attorney's Name: ______________________
   Address: ______________________
   Tel. #: ______________________
7. Names of all insurance companies involved and names of insured individual.
   Be sure to include information on Personal Injury Protection (PIP) Insurance.

   1. Ins. Co.: ______________
      Address: ______________
      Name of Insured: ______________
   2. Ins. Co.: ______________
      Address: ______________
      Name of Insured: ______________
   3. Ins. Co.: ______________
      Address: ______________
      Name of Insured: ______________
   4. Ins. Co.: ______________
      Address: ______________
      Name of Insured: ______________

It is essential that all questions be answered fully. Refusal to sign an assignment is grounds for denial or closing.

____
Worker's Name

COPY A.C.U.

5622: HOSPITAL REFERRAL OF POTENTIAL ASSIGNMENT CASE

The A-18 is sent to the director of the local office as a notice that A-16 and A-17 forms have not been received on a potential assignment collection case. See CAG 4880: Assignments for Third Party Recoveries.

The A-18 is usually the result of a referral from a hospital after it has treated a Medicaid recipient for an accident related injury. Some hospitals have agreed to furnish the Department with such leads. When the A-18 and copy of the referral are received, the worker should review the file to determine if an A-16 is on file.

If so, a copy of the A-16 and A-17 should be returned to the Assignment Collection Unit with the A-18.

If the A-16 has not been completed, the recipient should be contacted for completion of the form and the procedures in CAG 4880 should be followed. The A-16 and A-17 when received should be sent with a copy of the A-18 to the Assignment Collection Unit.

DATE:

TO:

FROM:

RE: HOSPITAL REFERRAL OF POTENTIAL ASSIGNMENT COLLECTION CASE

CASE NAME______________________ CASE NUMBER__________________

The attached referral indicates that a client or member of the immediate family in this case has been treated for an injury as a result of an accident for which a third party may be liable. We do not have an A-16 Assignment Form or A-17 Assignment Information Sheet on file.

Please determine if the A-16 and A-17 forms have already been completed. If they have, copies should be distributed in accordance with instructions. If no A-16 or A-17 has been secured, contact the client for completion of the form. See Cag 4880 of the AFDC Handbook for instructions on completion.

The completed A-16 and A-17 should be returned within 30 days. Note that failure of the client to cooperate in completion of the assignment form may be grounds for closing under 302.800.

A-18

5640 OP-1, OVERPAYMENT RECOVERY FORM

Form OP-1 is designed to serve three functions. First, it provides a combination work sheet and flow chart to assist in making a decision to recover an overpayment. Secondly, it serves as a data collection instrument for the Department to monitor total overpayment recoveries. Thirdly, it provides a form for recording any agreement by a recipient to repay an overpayment to the Department. This form replaces previous "recoupment" forms AP-6, AP-7, AP-8 and AP-9. It must be completed for every case in which an overpayment has been identified (see CSG 3430: Overpayment Occurs).

I. Recipient Identification

Complete all of the recipient identification items from the information available on the TD or AP-1 and AP-2s in the case record. Check the source of the overpayment (as explained in detail in CAG 4773: Overpayments).

- "A" - Department error is indicated by a case record review.
- "B" - an overpayment resulting from payments pending appeal is indicated by an appeal decision.
- "C" - recipient error is indicated by a BSI response.
- "D" - misrepresentation or willful witholding of information is indicated by a BSI response.

II. Calculation of Overpayment

A. Enter the start date of the overpayment (as determined according to CAG 4774: Determining the Amount of an Overpayment).

B. Enter the end date of the overpayment (i.e., the date the current assistance grant was corrected to reflect the change in income or circumstances causing this overpayment).

C. Enter the date the overpayment was discovered (either by case review, redetermination or computer match). Except for cases checked in I(D) (above) overpayments may only be calculated for a period of 12 months before this date.

D. Enter the total amount of overpayment (equivalent to the total amount to be recovered). This is calculated by adding the following sub-totals.

- Overpayment amount (by category of assistance) - see CAG 4774. Attach applicable budget worksheets to the case record copy.
- Food Stamp overissuance - see sections 366.800 through 366.840 of Food Stamp Manual, unless BSI indicates an amount.

- MA amount - this may be applicable in cases of ineligibility errors.
- EA amount - if applicable.
- Documentations of all payments to, or in behalf of, a recipient may be obtained by having your Office Director request a Classified Recipient Inquiry from:

E.O. Systems
P.O. Box 68
Essex Station
Boston, MA 02112

III. Resources

You must consult the recipient to determine if (s)he has resources exclusive of the current assistance grant (see CAG 4777).

A. This refers only to income exclusive of the current assistance grant. Indicate type of income and gross monthly amount less work related expenses.

B. This refers to countable assets. Indicate type of assets and amount.

C. This is to be checked if items III(A) and III(B) indicate no resources, but item I(D) is checked.

D. This is to be checked if items III(A) and III(B) indicate no resources, and item I(A), I(B) or I(C) is checked.

E. This is to be checked if item III(C) is checked and a recipient claims "undue hardship". (See CAG 4776.)

IV. Method of Payment

Unless item III(D) or III(E) is checked, you must proceed with recovery. Consult the recipient to determine the method of payment. Check the appropriate block and complete the information requested. If no choice is indicated, check item IV(D). In the case of direct payments (which are authorized only by a court order or agreement with BSI), complete item IV(E).

Indicate how the method of payment was selected, checking F, G, H or I as appropriate. Enter the appropriate deductible income code in item J.

Have the recipient read the completed form.

- If she or he agrees to repay this overpayment to the Department, complete the reverse page (Repayment Agreement) of this form. Have the recipient sign the completed Repayment Agreement, sign it yourself, and request your supervisor to sign as witness.
- If the recipient refuses to sign the Repayment Agreement, recovery will nonetheless proceed. Sign the form yourself and submit it to your supervisor for his or her signature (on the "witness" line) and implement recovery by a grant reduction.

- If the recipient has entered an agreement with BSI, the BSI investigation will sign the form as well.

Place one copy of the form OP-1 in the case record (attaching any relevant verifications, budget worksheets, etc.). Give one copy of the form to the recipient. Send the final copy to:

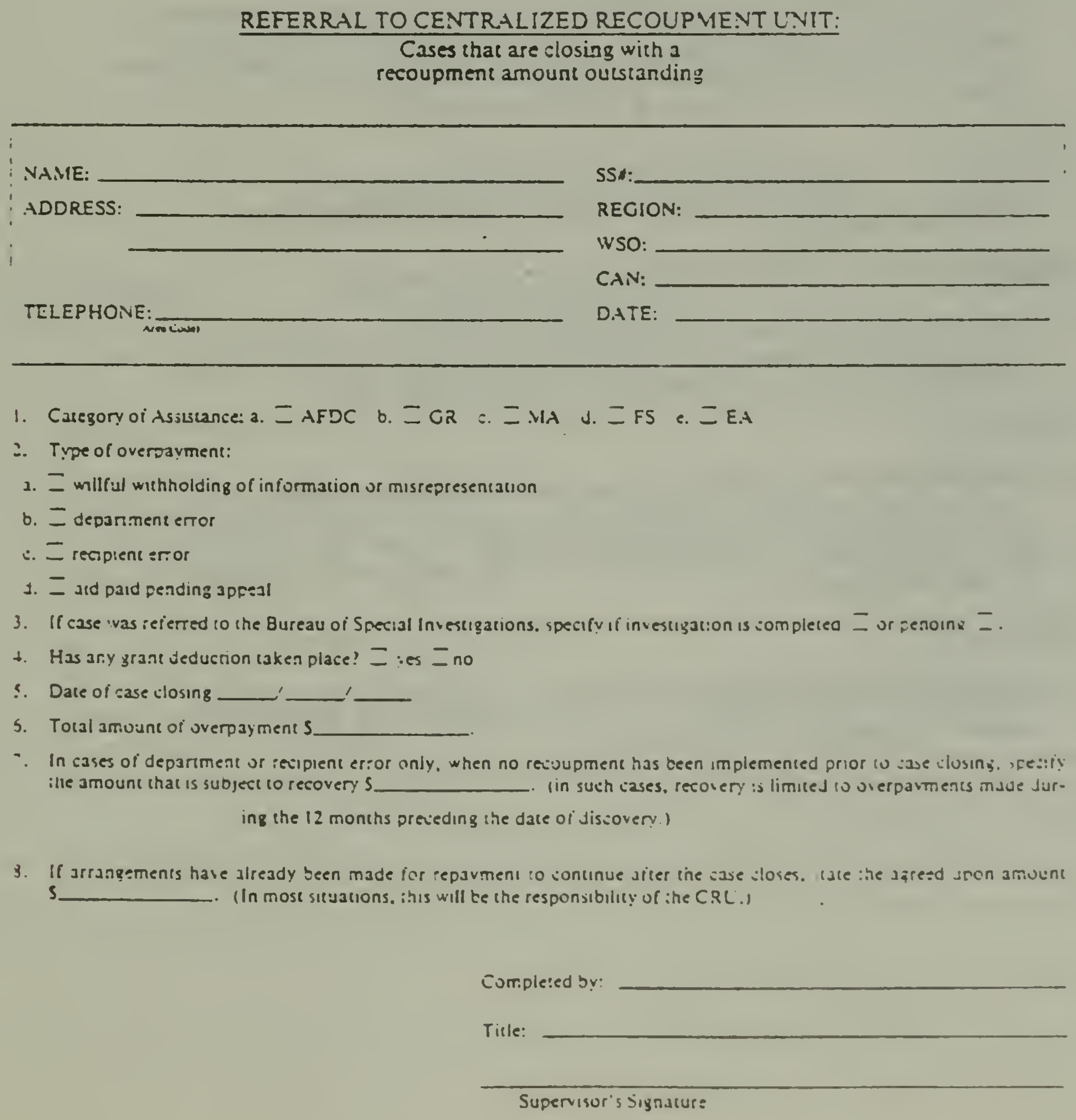
E.O. Systems
P.O. Box 68
Essex Station
Boston, MA 02112

5641 CRU-1, REFERRAL TO CENTRALIZED RECOUPMENT/RECOVERY UNIT

Form CRU-1 is the form used to refer to the Centralized Recoupment/Recovery Unit (CRU) all cases that are closing with a recoupment amount outstanding. The purpose of this referral procedure is to ensure that the recovery of overpayments that have been issued to a recipient continues even after the case closes; restitution is mandated until the debt has been satisfied. (See CAG 4912 for further information on cases to be referred.)

This form asks you for a minimum of information, since the CRU will have access to most of the required data. However, it is important to forward this form to the CRU immediately after the necessary work for the case closing has been completed, so that there is not a significant interruption or delay in the repayment process. This form should be filled out in duplicate. Send the original to the CRU, 600 Washington Street, Boston, MA 02111 and retain a copy for the case record.

Complete instructions for completing the CRU-1 are provided on the reverse side of this form.



REFERRAL TO CENTRALIZED RECOUPMENT UNIT:

Cases that are closing with a
recoupment amount outstanding

NAME: ______________________ SS#: ______________________

ADDRESS: ______________________ REGION: ______________________

______________________ WSO: ______________________

CAN: ______________________

TELEPHONE: ______________________ DATE: ______________________
(Area Code)

1. Category of Assistance: a. ☐ AFDC b. ☐ GR c. ☐ MA d. ☐ FS e. ☐ EA
2. Type of overpayment:
   - a. ☐ willful withholding of information or misrepresentation
   - b. ☐ department error
   - c. ☐ recipient error
   - d. ☐ aid paid pending appeal
3. If case was referred to the Bureau of Special Investigations, specify if investigation is completed ☐ or pending ☐.
4. Has any grant deduction taken place? ☐ yes ☐ no
5. Date of case closing ______/______/______
6. Total amount of overpayment $______________.
7. In cases of department or recipient error only, when no recoupment has been implemented prior to case closing, specify the amount that is subject to recovery $______________. (in such cases, recovery is limited to overpayments made during the 12 months preceding the date of discovery.)
8. If arrangements have already been made for repayment to continue after the case closes, state the agreed upon amount $______________. (In most situations, this will be the responsibility of the CRU.)

Completed by: ______________________

Title: ______________________

____
Supervisor's Signature

INSTRUCTIONS FOR COMPLETION OF CRU-1

Question #1

- Check appropriate block(s) to indicate category of assistance.

Question #2

- Check A, B, C, or D to indicate the circumstance that resulted in the overpayment. The only time that there would be any question whether the overpayment was a result of (a) or (c) would be in the event that the recipient had requested that the case be closed, and BSI has not yet completed their investigation. If this is the case, leave the item blank, and go to #3.

Question #3

- Indicate whether BSI has completed their investigation and determined the cause of the overpayment, or if the investigation is still in process. Again, as in Question #2, this would apply to voluntary case closing situations.

Question #4

- Indicate whether or not recoupment by grant deduction has occurred in the past. As arule, there would be two instances in which grant deduction would not have taken place: (a) if recoupment was postponed because of a lack of resources, or (b) if the case is closing as a direct result of the discovery of the overpayment.

Question #5

- Specify the actual date that was used to close the case on the Turnaround Document.

Question #6

- Give the amount of the total overpayment. This is the amount of the initial overpayment, or beginning balance, prior to any grant deduction or lump sum payment that may have taken place.

Question #7

- Complete only if (b) or (c) in Question #1 has been checked, and if "no" has been checked in Question #4. In cases of department error and recipient error, the Department can only recover the monies that were over-issued in the 12 months preceding the date of discovery of the overpayment.

Question #8

- Answer this question only if you and the recipient have, by mutual agreement, already arranged for a specific amount and method of repayment in light of the case closing.

5650 CASE NARRATIVE FORM

The case narrative form, Form 5650 (see exhibit 1), shall be used to record applications, redeterminations, case maintenance actions, case closings, and all other case actions. The worker must enter the date, his or her initials, and briefly describe the action taken. Any grant changes must be listed with the effective date of the change. The worker must also list the appropriate documentation that was obtained as a result of the action. Worker comments may be entered in the last column. Workers are encouraged to keep comments brief, especially for application and redetermination activities, and to use the remark sections provided on the AP-1 and AP-2. The case narrative form must be retained permanently in section one of the case record.

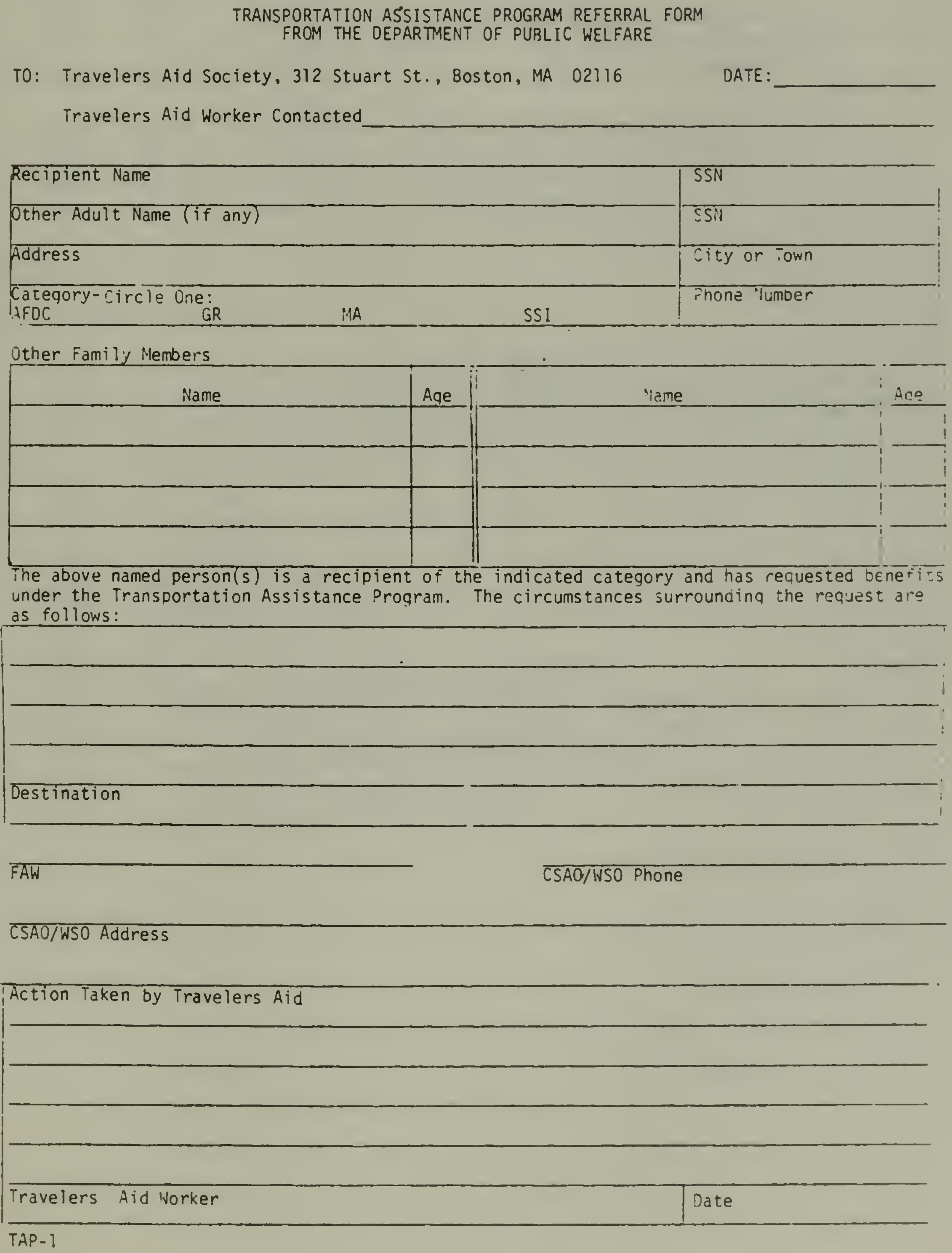
EXHIBIT 1

CASE NARRATIVE FORM (FORM 5650) Page ____

DATE	FAW	ACTION	GRAN	EFF DAT	DOCUMENTATION COMPLETED OR OBTAINED	COMMENTS

5670 TAP-1 TRANSPORTATION ASSISTANCE PROGRAM REFERRAL FORM

You refer recipient(s) to Travelers Aid of Boston, Inc. with the TAP-1 when (s)he requests assistance to move out of the Commonwealth and when his or her situation appears to meet certain criteria. See CAG 4818: Referrals for Transportation Assistance.



TRANSPORTATION ASSISTANCE PROGRAM REFERRAL FORM
FROM THE DEPARTMENT OF PUBLIC WELFARE

TO: Travelers Aid Society, 312 Stuart St., Boston, MA 02116 DATE:

Travelers Aid Worker Contacted

Recipient Name	SSN
Other Adult Name (if any)	SSN
Address	City or Town
Category- Circle One: AFDC GR MA SSI	Phone Number

Other Family Members

Name	Age	Name	Age

The above named person(s) is a recipient of the indicated category and has requested benefits under the Transportation Assistance Program. The circumstances surrounding the request are as follows:

Destination

FAW

CSAO/WSO Phone

CSAO/WSO Address

Action Taken by Travelers Aid

Travelers Aid Worker	Date

TAP-1

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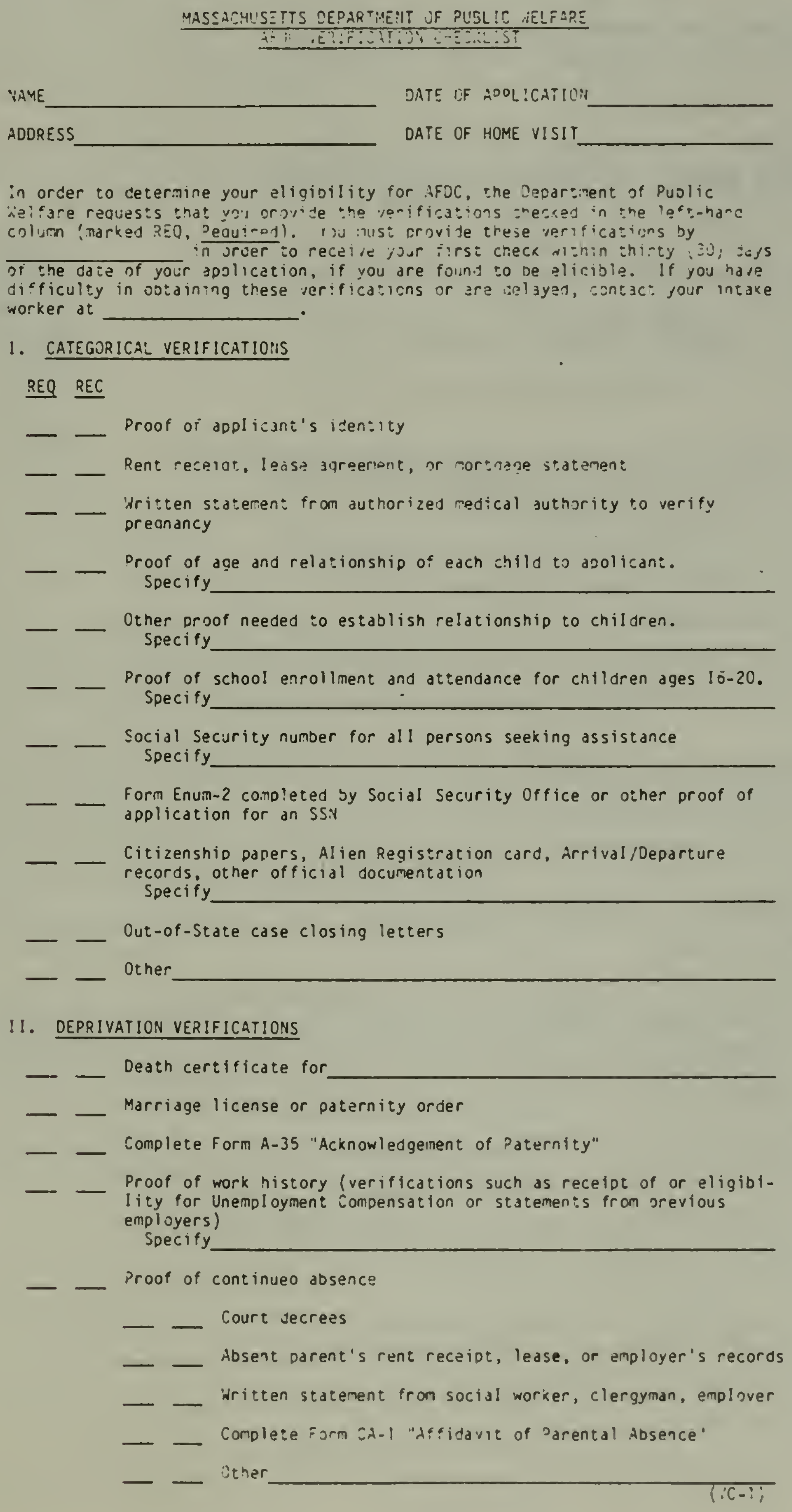
5680 VC-1: AFDC Verification Checklist

The VC-1 facilitates the collection of necessary documentation at application by identifying outstanding documentation and indicating when it is received. The worker and the applicant each retain a copy for reference. See CAG 2221: Verification Checklist. This form is also available in Spanish.



MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE
AFDC VERIFICATION CHECKLIST

NAME ______________________ DATE OF APPLICATION ______________

ADDRESS ____________________ DATE OF HOME VISIT ______________

In order to determine your eligibility for AFDC, the Department of Public Welfare requests that you provide the verifications checked in the left-hand column (marked REQ, Required). You must provide these verifications by ____________ in order to receive your first check within thirty (30) days of the date of your application, if you are found to be eligible. If you have difficulty in obtaining these verifications or are delayed, contact your intake worker at ______________.

I. CATEGORICAL VERIFICATIONS

REQ REC

___ ___ Proof of applicant's identity

___ ___ Rent receipt, lease agreement, or mortgage statement

___ ___ Written statement from authorized medical authority to verify pregnancy

___ ___ Proof of age and relationship of each child to applicant.
Specify ______________________________

___ ___ Other proof needed to establish relationship to children.
Specify ______________________________

___ ___ Proof of school enrollment and attendance for children ages 16-20.
Specify ______________________________

___ ___ Social Security number for all persons seeking assistance
Specify ______________________________

___ ___ Form Enum-2 completed by Social Security Office or other proof of application for an SSN

___ ___ Citizenship papers, Alien Registration card, Arrival/Departure records, other official documentation
Specify ______________________________

___ ___ Out-of-State case closing letters

___ ___ Other ______________________________

II. DEPRIVATION VERIFICATIONS

___ ___ Death certificate for ______________________________

___ ___ Marriage license or paternity order

___ ___ Complete Form A-35 "Acknowledgement of Paternity"

___ ___ Proof of work history (verifications such as receipt of or eligibility for Unemployment Compensation or statements from previous employers)
Specify ______________________________

___ ___ Proof of continued absence

    ___ ___ Court decrees

    ___ ___ Absent parent's rent receipt, lease, or employer's records

    ___ ___ Written statement from social worker, clergyman, employer

    ___ ___ Complete Form CA-1 "Affidavit of Parental Absence"

    ___ ___ Other ______________________________

(VC-1)

REQ REC

___ ___ Statement from authorized medical authority on nature and length of disability, or proof of receipt of SS disability or SSI disability

___ ___ Complete Mass. Rehabilitation referral form

___ ___ Complete Form A-16

III. ASSETS

___ ___ Bank books or bank statements (including savings, checking, or special purpose accounts for all persons seeking assistance)
Specify ______________________________

___ ___ Value of life insurance policies
Specify ______________________________

___ ___ Written statement from 3 reliable dealers of worth of the following (unless listed in NADA book in the case of an automobile):

second car___ trailer___ boat___ snowmobile___ other__________

___ ___ Proof of a loan for the purchase of any of the above

___ ___ Stocks, bonds, trust instruments
Specify ______________________________

___ ___ Other ______________________________

IV. INCOME

___ ___ 3 consecutive current weeks' pay stubs, or equivalents, if not paid weekly, such as pay envelopes or written statement from employers giving gross wages and specifying deductions

___ ___ If self-employed - verification of income and business expenses

___ ___ Rental income, or income from roomers or boarders

___ ___ Proof of work related expenses
Specify ______________________________

___ ___ Other ______________________________

Unearned Income

___ ___ Social Security - copy of award letter or check

___ ___ S.S.I. - copy of award letter or check

___ ___ Child Support/Alimony - court order, copy of agreement, copy of check

___ ___ Unemployment Compensation - copy of award letter or check

___ ___ In-kind income verifications
Specify ______________________________

___ ___ Other ______________________________

V. REFERRALS

___ ___ Completed WIN-1 form - ______________________________

___ ___ Completed Support forms (A-32, A-34, A-36) ____________________

___ ___ Referral to CSEU ______________________________

___ ___ Social Security Office - Address ______________________________

Enum-2___ Benefits___ SSI Benefits___ AP-SSI-1___

___ ___ Unemployment Office - Address ______________________________

Benefits ________ Work history__________ 2988 (registration)_____

___ ___ Veteran's Benefits - Federal ________ State ________ Local ________

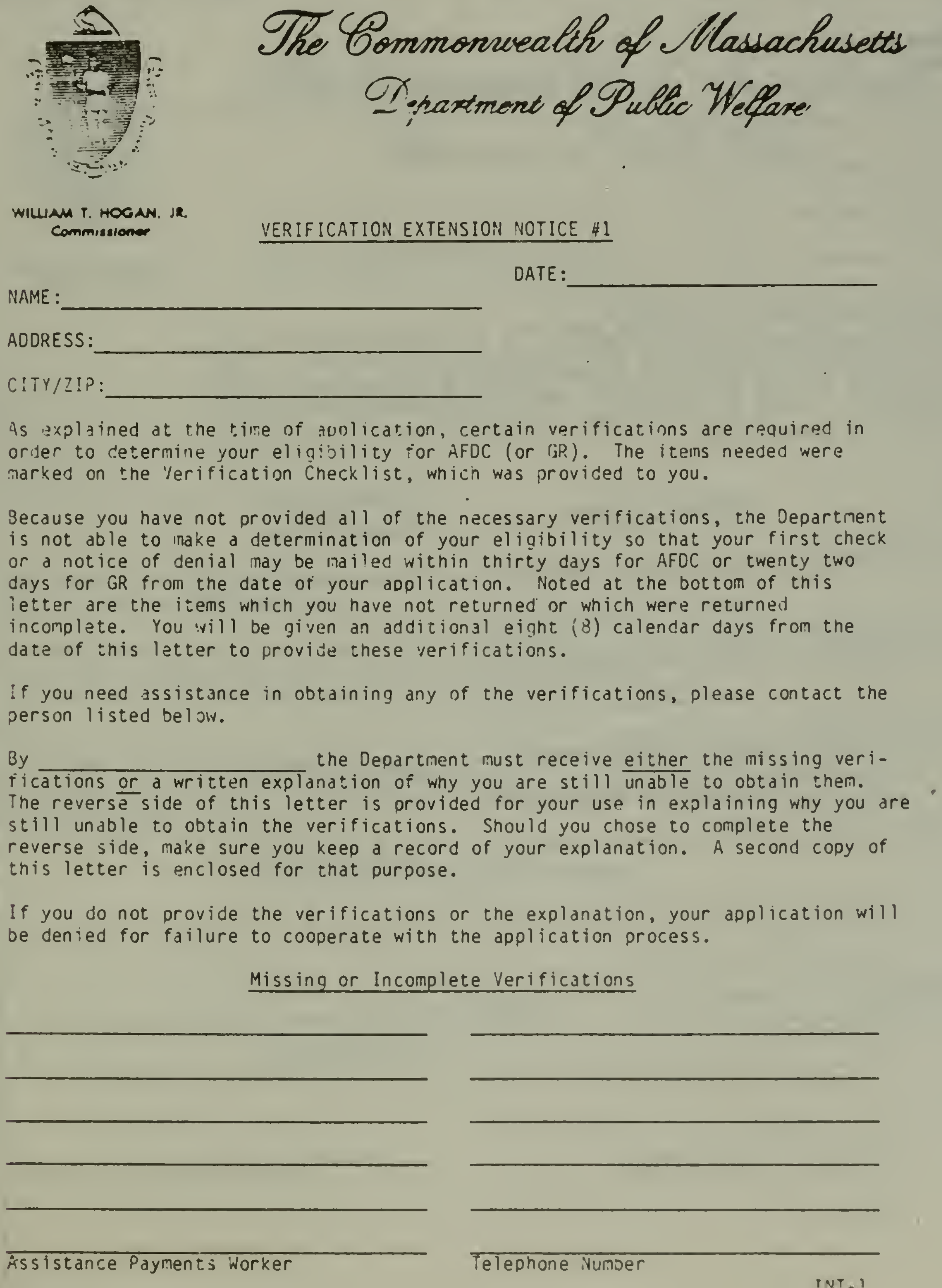
___ ___ Other ______________________________

(VC-1)

5681 INT-1: Verification Extension Notice #1

The INT-1 is used by both the worker and the applicant. The front side is used by the worker to grant the automatic eight calendar day extension to any applicant who fails to provide, on time, the verifications necessary at intake. The worker must mail two copies to the applicant and retain one copy in the case record. If an extension is necessary, the applicant may request an additional 15 calendar day extension by completing the reverse of one copy of the INT-1 while retaining one copy for reference.

Use of the reverse side by the applicant is not mandatory. However, the applicant must request the 15 calendar day extension in writing. See CAG 2230: Determining Eligibility. This form is also available in Spanish.



The Commonwealth of Massachusetts
Department of Public Welfare

WILLIAM T. HOGAN, JR.
Commissioner

VERIFICATION EXTENSION NOTICE #1

DATE:____________________

NAME:____________________

ADDRESS:____________________

CITY/ZIP:____________________

As explained at the time of application, certain verifications are required in order to determine your eligibility for AFDC (or GR). The items needed were marked on the Verification Checklist, which was provided to you.

Because you have not provided all of the necessary verifications, the Department is not able to make a determination of your eligibility so that your first check or a notice of denial may be mailed within thirty days for AFDC or twenty two days for GR from the date of your application. Noted at the bottom of this letter are the items which you have not returned or which were returned incomplete. You will be given an additional eight (8) calendar days from the date of this letter to provide these verifications.

If you need assistance in obtaining any of the verifications, please contact the person listed below.

By ____________________ the Department must receive either the missing verifications or a written explanation of why you are still unable to obtain them. The reverse side of this letter is provided for your use in explaining why you are still unable to obtain the verifications. Should you chose to complete the reverse side, make sure you keep a record of your explanation. A second copy of this letter is enclosed for that purpose.

If you do not provide the verifications or the explanation, your application will be denied for failure to cooperate with the application process.

Missing or Incomplete Verifications

____________________ ____________________

____________________ ____________________

____________________ ____________________

____________________ ____________________

____________________ ____________________

____________________ ____________________
Assistance Payments Worker Telephone Number

INT-1

The Commonwealth of Massachusetts
Department of Public Welfare

WILLIAM T. HOGAN, JR.
Commissioner

DATE:____________________

WORKER:____________________

CSAO/WSO:____________________

ADDRESS:____________________

CITY/ZIP:____________________

I am requesting an additional 15 calendar extension in order to obtain and provide the following verifications for my application for AFDC (or GR). I have noted below the verifications which are either missing or incomplete and the reasons I will not be able to get them in by the expiration date of the 8 calendar day extension. I have also indicated the dates by which I anticipate being able to get the items to you.

Verification	Reason for Delay	Estimated Date will submit by
__________	__________	__________
	__________	
__________	__________	__________
	__________	
__________	__________	__________
	__________	
__________	__________	__________

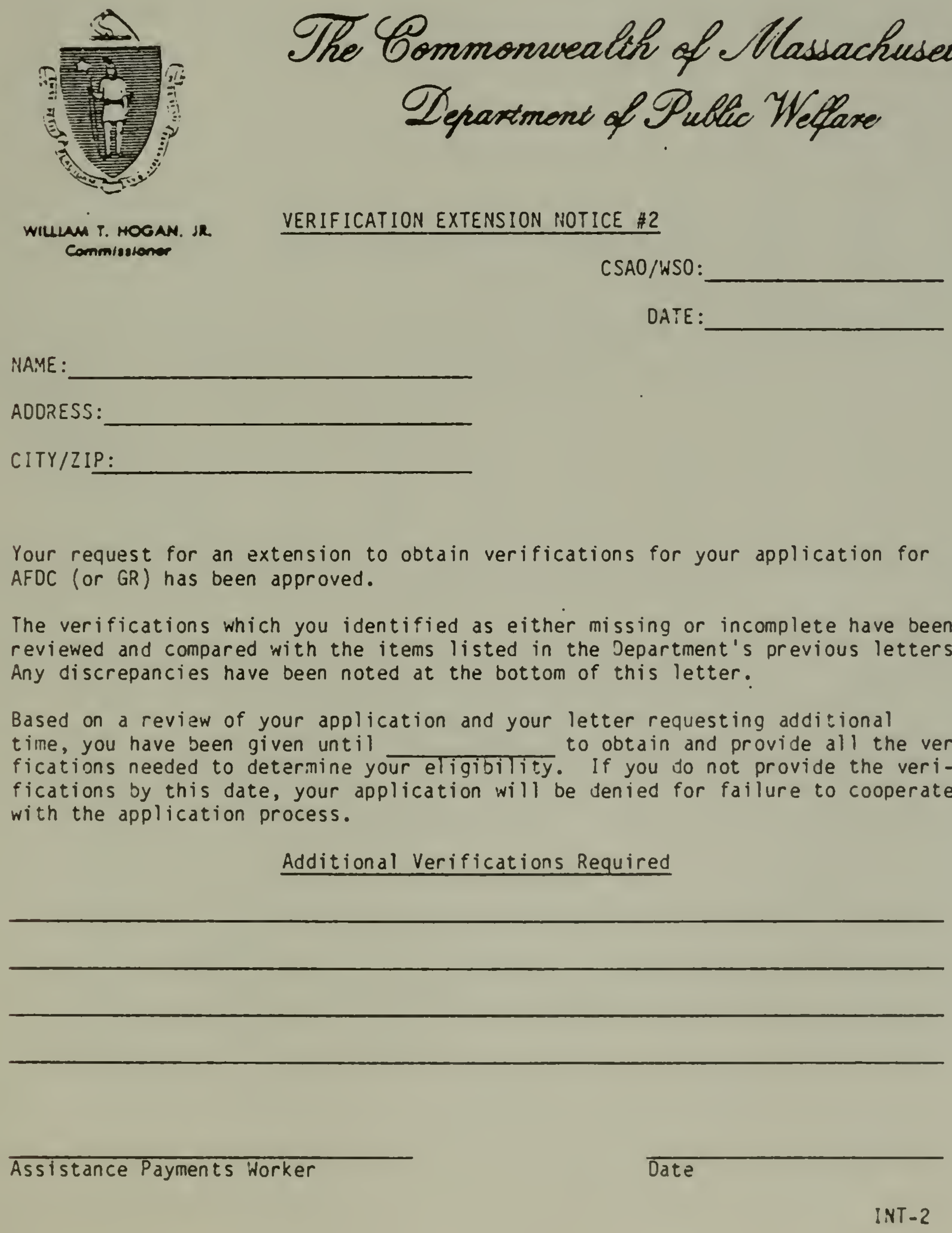
____
Applicant (Signature)

____
Date

INT-1 (Reverse)

5682 INT-2: Verification Extension Notice #2

The INT-2 is used by the worker to notify the applicant that the applicant's request for an additional 15 calendar day extension for providing intake verifications has been approved. The form also notifies the applicant when the extension expires and what verifications are outstanding. The worker must mail the original INT-2 to the applicant and must retain one copy in the case record. See CAG 2230: Determining Eligibility. This form is available in Spanish.



The Commonwealth of Massachusetts
Department of Public Welfare

WILLIAM T. HOGAN, JR.
Commissioner

VERIFICATION EXTENSION NOTICE #2

CSAO/WSO: ____________

DATE: ____________

NAME: ____________

ADDRESS: ____________

CITY/ZIP: ____________

Your request for an extension to obtain verifications for your application for AFDC (or GR) has been approved.

The verifications which you identified as either missing or incomplete have been reviewed and compared with the items listed in the Department's previous letters. Any discrepancies have been noted at the bottom of this letter.

Based on a review of your application and your letter requesting additional time, you have been given until ____________ to obtain and provide all the verifications needed to determine your eligibility. If you do not provide the verifications by this date, your application will be denied for failure to cooperate with the application process.

Additional Verifications Required

____

____

____

____

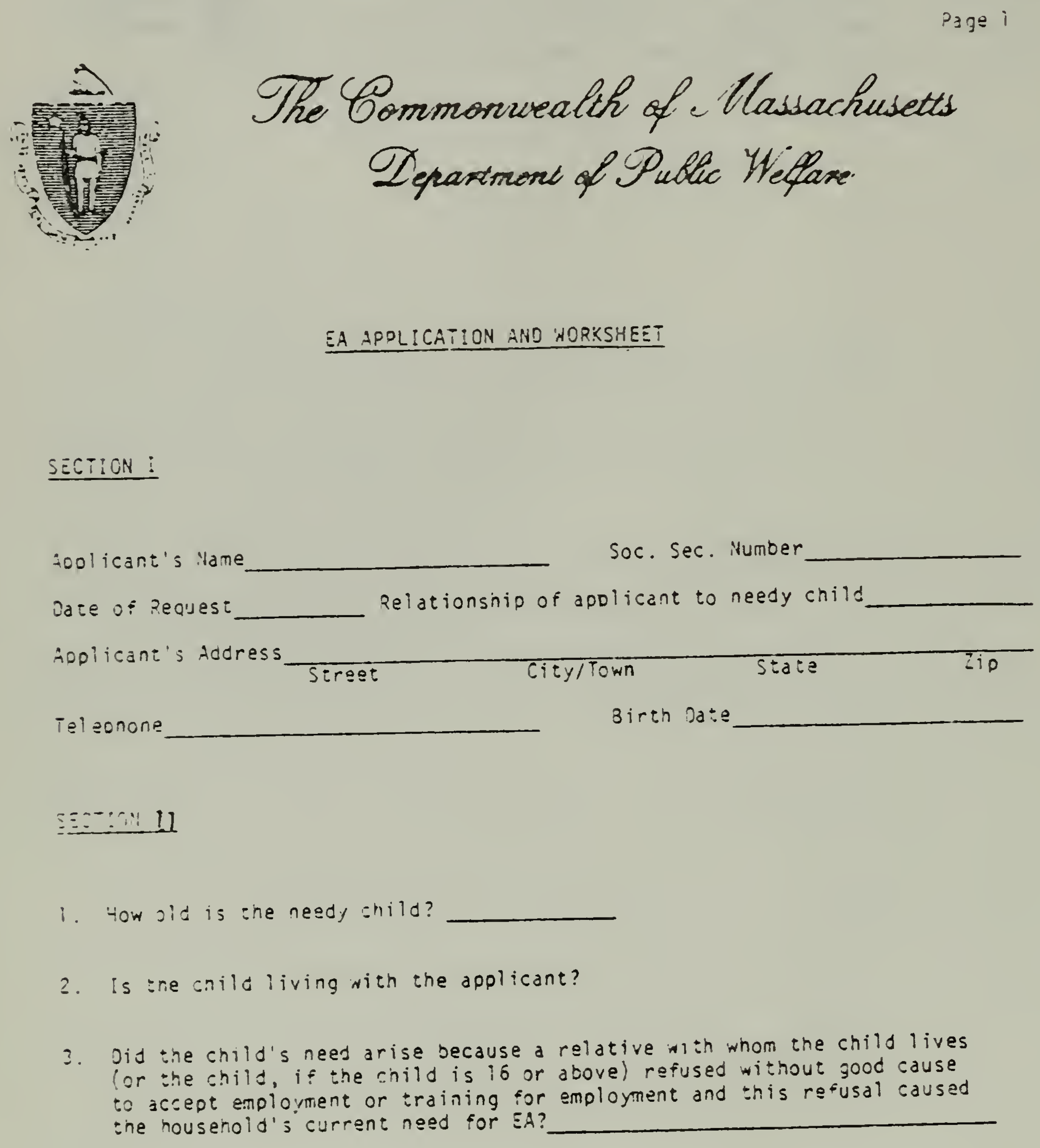
____________ Assistance Payments Worker

____________ Date

INT-2

5701: EA Application and Worksheet

The EA-6, the EA Application and Worksheet, is used when an EA request is made. The applicant completes it through Section IV. You complete the rest of the form as a worksheet to determine eligibility for EA benefits. This form remains in the case record. See Sections 6100 to 6133.



Page 1

The Commonwealth of Massachusetts
Department of Public Welfare

EA APPLICATION AND WORKSHEET

SECTION I

Applicant's Name______________________ Soc. Sec. Number________________

Date of Request__________ Relationship of applicant to needy child____________

Applicant's Address____
Street City/Town State Zip

Telephone____________________________ Birth Date____________________

SECTION II

1. How old is the needy child? ____________

2. Is the child living with the applicant?

3. Did the child's need arise because a relative with whom the child lives (or the child, if the child is 16 or above) refused without good cause to accept employment or training for employment and this refusal caused the household's current need for EA?_________________________________

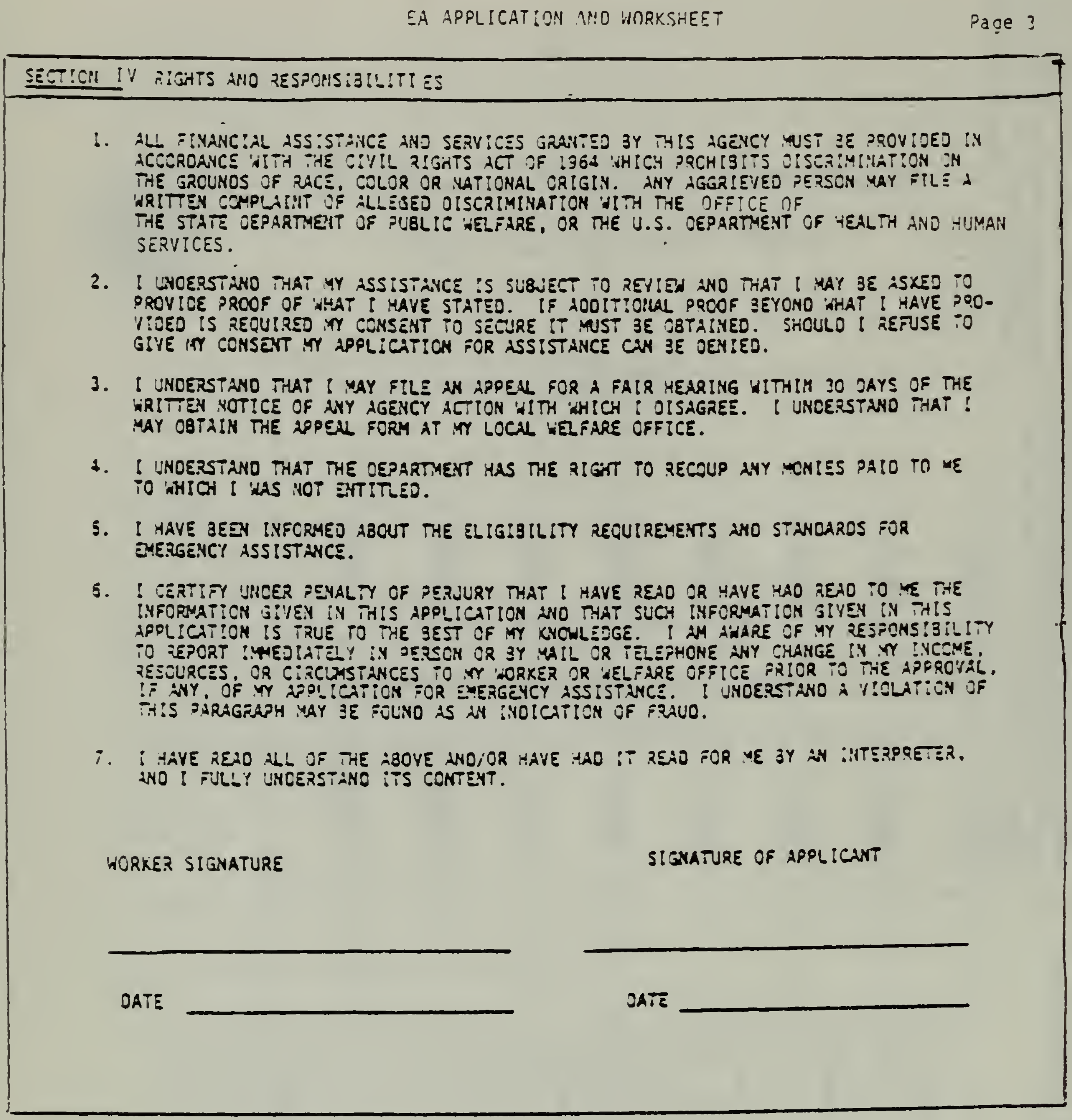
ction III

EA APPLICATION AND WORKSHEET

Page 2

List the names of all the members of your household who are not now recipients of AFDC.	List all the ASSETS and that value for each member of your household you listed in the in the first column including bank accounts, property, automobiles, etc. See Section 6122.		List the source of INCOME of each member of your household you listed in the first column including earnings, Social Security, Unemployment Compensation, etc. See Section 6123	
1. Name: Relationship to child:	Assets	Amount	Source	Gross Monthly Amt.
2. Name: Relationship to child:	Assets	Amount		
3. Name: Relationship to child:	Assets	Amount		
4. Name: Relationship to child:	Assets	Amount		
5. Name: Relationship to child:	Assets	Amount		
6. Name: Relationship to child:	Assets	Amount		
7. Name: Relationship to child:	Assets	Amount		
8. Name: Relationship to Child:	Assets	Amount		

TOTAL______



EA APPLICATION AND WORKSHEET Page 3

SECTION IV RIGHTS AND RESPONSIBILITIES

1. ALL FINANCIAL ASSISTANCE AND SERVICES GRANTED BY THIS AGENCY MUST BE PROVIDED IN ACCORDANCE WITH THE CIVIL RIGHTS ACT OF 1964 WHICH PROHIBITS DISCRIMINATION ON THE GROUNDS OF RACE, COLOR OR NATIONAL ORIGIN. ANY AGGRIEVED PERSON MAY FILE A WRITTEN COMPLAINT OF ALLEGED DISCRIMINATION WITH THE OFFICE OF THE STATE DEPARTMENT OF PUBLIC WELFARE, OR THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

2. I UNDERSTAND THAT MY ASSISTANCE IS SUBJECT TO REVIEW AND THAT I MAY BE ASKED TO PROVIDE PROOF OF WHAT I HAVE STATED. IF ADDITIONAL PROOF BEYOND WHAT I HAVE PROVIDED IS REQUIRED MY CONSENT TO SECURE IT MUST BE OBTAINED. SHOULD I REFUSE TO GIVE MY CONSENT MY APPLICATION FOR ASSISTANCE CAN BE DENIED.

3. I UNDERSTAND THAT I MAY FILE AN APPEAL FOR A FAIR HEARING WITHIN 30 DAYS OF THE WRITTEN NOTICE OF ANY AGENCY ACTION WITH WHICH I DISAGREE. I UNDERSTAND THAT I MAY OBTAIN THE APPEAL FORM AT MY LOCAL WELFARE OFFICE.

4. I UNDERSTAND THAT THE DEPARTMENT HAS THE RIGHT TO RECOUP ANY MONIES PAID TO ME TO WHICH I WAS NOT ENTITLED.

5. I HAVE BEEN INFORMED ABOUT THE ELIGIBILITY REQUIREMENTS AND STANDARDS FOR EMERGENCY ASSISTANCE.

6. I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ OR HAVE HAD READ TO ME THE INFORMATION GIVEN IN THIS APPLICATION AND THAT SUCH INFORMATION GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AM AWARE OF MY RESPONSIBILITY TO REPORT IMMEDIATELY IN PERSON OR BY MAIL OR TELEPHONE ANY CHANGE IN MY INCOME, RESOURCES, OR CIRCUMSTANCES TO MY WORKER OR WELFARE OFFICE PRIOR TO THE APPROVAL, IF ANY, OF MY APPLICATION FOR EMERGENCY ASSISTANCE. I UNDERSTAND A VIOLATION OF THIS PARAGRAPH MAY BE FOUND AS AN INDICATION OF FRAUD.

7. I HAVE READ ALL OF THE ABOVE AND/OR HAVE HAD IT READ FOR ME BY AN INTERPRETER, AND I FULLY UNDERSTAND ITS CONTENT.

WORKER SIGNATURE	SIGNATURE OF APPLICANT
______________________	______________________
DATE ______________	DATE ______________

EA-6

Assets of all members of the household who are AFDC recipients (From AP-2)	
Assets of all members of the household who are not AFDC recipients (from total of middle column in Section III)	
TOTAL	

If total is greater than $250, the household is ineligible. If it is less than or equal to $250, the household is financially eligible with respect to assets.

Section VI

Page 5

EA APPLICATION AND WORKSHEET

(See Section 6123)

A. EARNED INCOME:

NOTE: INCLUDE ALL COUNTABLE EARNED INCOME (INCLUDE TIPS AND COMMISSIONS) EXCEPT THAT FROM RENTERS, ROOMERS, BOARDERS. FOR SELF EMPLOYMENT INCOME, SUBTRACT BUSINESS EXPENSES FIRST.

	EARNER #1	EARNER #2	EARNER #3
PERIOD	COUNTABLE GROSS EARNED INCOME	COUNTABLE GROSS EARNED INCOME	COUNTABLE GROSS EARNED INCOME
1			
2			
3			
TOTALS:			

B. MONTHLY AVERAGE GROSS INCOME:

$$\frac{\text{COUNTABLE GROSS EARNED INCOME}}{\text{NUMBER OF WEEKS}} \times 4.333 = \text{MONTHLY AVERAGE GROSS EARNED INCOME}$$

EARNER #1	EARNER #2	EARNER #3
$	$	$

C. MONTHLY UNEARNED AND OTHER (NON-EARNED) INCOME OF ENTIRE HOUSEHOLD:

TYPE OR SOURCE	AMOUNT
RSDI (SOCIAL SECURITY)	$
INCOME-IN-KIND	$
UNEMPLOYMENT COMPENSATION	$
OTHER (SPECIFY)	$
OTHER (SPECIFY)	$
TOTAL:	$

D. MONTHLY COUNTABLE EARNED INCOME FROM RENTERS, ROOMERS, BOARDERS OF ENTIRE HOUSEHOLD:

	RENTERS	ROOMERS	BOARDERS
GROSS INCOME	$	$	$
ALLOWABLE BUS. EXPENSES	$	$	$
NET COUNTABLE INCOME	$	$	$

NET COUNTABLE INCOME FROM RENTERS	$
NET COUNTABLE INCOME FROM ROOMERS	$
NET COUNTABLE INCOME FROM BOARDERS	$
TOTAL COUNTABLE EARNED INCOME FROM RENTERS, ROOMERS AND BOARDERS	$

E. 150% TEST:

MONTHLY AVERAGE GROSS EARNED INCOME -	EARNER #1	$
MONTHLY AVERAGE GROSS EARNED INCOME -	EARNER #2	$
MONTHLY AVERAGE GROSS EARNED INCOME -	EARNER #3	$
TOTAL MONTHLY COUNTABLE EARNED INCOME FROM RENTERS, ROOMERS AND BOARDERS		$
TOTAL MONTHLY UNEARNED AND OTHER INCOME OF ENTIRE HOUSEHOLD:		$
	TOTAL:	$

ELIGIBILITY STANDARD (FAMILY OF _____) $

IF THE TOTAL IS GREATER THAN THE ELIGIBILITY STANDARD (150% OF THE STANDARD OF ASSISTANCE) THE HOUSEHOLD IS INELIGIBLE. IF IT IS LESS THAN OR EQUAL TO THE ELIGIBILITY STANDARD, THE HOUSEHOLD IS FINANCIALLY ELIGIBLE WITH RESPECT TO INCOME.

Section VII

Page 6

EA APPLICATION AND WORKSHEET

NOTE: Because benefits under Natural Disaster do not have a dollar limit, they are not included here.

ITEMS REQUESTED	AVAILABLE BENEFITS	AMOUNT TO BE AUTHORIZED
Moving Expenses	$	$
Advance Rent	$	$
Security Deposit	$	$
Emergency Living Arrangements	$	$
Refrigerator Repair	$	$
Cooking Stove Repair	$	$
Hot Water Heater Repair	$	$
Rent or Mortgage	$	$
Gas	$	$ *
Electricity	$	$ *
Fuel	$	$ *
Amount Authorized under EA within the 30 day Authorization Period for non Disaster Assistance Benefits	$	$
TOTAL	$	$

If the total of the available benefits plus the amount authorized in the 30 day authorization period is $500 or less, the available benefit for each individual item is the amount to be authorized. Otherwise, the amount authorized for one or more of the individual items must be lower than the available benefit.

* The amount authorized for gas, electricity and fuel together can not exceed $250.

5702: Agreement of Landlord or Mortgage Holder to Terminate Eviction or Foreclosure Proceedings

This form must be completed to process a request for shelter arrearage under EA. See 6116: Imminent Eviction. You must complete the form through the first paragraph. The applicant and the landlord or mortgage holder and a witness must sign it. This form remains in the case record.

The Commonwealth of Massachusetts
Department of Public Welfare

AGREEMENT OF LANDLORD OR MORTGAGE HOLDER TO TERMINATE EVICTION OR FORECLOSURE PROCEEDINGS

DATE:____________________

(Department of Public Welfare regulations require that when an applicant for Emergency Assistance is seeking aid to avoid an imminent eviction or foreclosure, the landlord or mortgage holder must agree in writing to terminate eviction or foreclosure proceedings in order for the applicant to become eligible.) 106 CMR 309.050(E).

______________________________("the Vendor") hereby agrees that if the Department of
(Name of Landlord or Mortgage Holder)

Public Welfare ("the Department") authorizes an Emergency Assistance (EA) grant for $________,

on behalf of:

E.A. Applicant's Name____

Address____

Telephone Number____________________

eviction or foreclosure proceedings against said EA applicant will be terminated upon notification by the Department of said authorization.

It is further agreed that eviction or foreclosure proceedings against the above named EA applicant will not be reinstituted on the basis of any monies owed to the Vendor by the EA applicant which exceed the amount of the EA payment as of the date of authorization of said payment PROVIDED the EA recipient or the Department on the recipient's behalf, remits to the Vendor monthly payments of $__________each and every month until the balance of $________ ________ is paid.

In the event that the recipient fails to pay the amount, as agreed to, and all future rent or mortgage bills after the date of this agreement, the Vendor is not precluded by the terms of this agreement from using any and all remedies available to it at law, including the reinstitution of eviction or foreclosure proceedings against the EA recipient.

____
Vendor Authorized Signature

(Signed)______________________
E.A. APPLICANT

____
Owner

(Witness)______________________

____
Owner's Address

phone:______________

EA-7

5703: Agreement of Vendor to Continue Or Resume Utility Service

This form must be completed to process a request for utility arrearage under EA. See 6117: Utility Shutoff. You must complete the form through the first paragraph. The applicant, the utility company and a witness must sign it. This form remains in the case record.

The Commonwealth of Massachusetts
Department of Public Welfare

AGREEMENT OF VENDOR TO CONTINUE OR RESUME UTILITY SERVICE

DATE: ____________________

(Department of Public Welfare regulations require that when an applicant for Emergency Assistance is seeking aid to avoid an imminent utility shut-off, or to resume utility service, the vendor must agree in writing to continue or resume service in order for the applicant to become eligible.) 106 CMR 309.050 (E).

______________________ ("the Utility Company") hereby agrees that if the Department
(Name of Utility)

of Public Welfare ("the Department") authorizes an Emergency Assistance (EA) grant for

$______________, on behalf of:

E.A. Applicant's Name ____

Address ____

Account Number __________________________ Telephone Number ________________

the utility service of said EA applicant will be continued or restored upon notification by the Department of said authorization.

It is further agreed that the utility service of the above-named EA applicant will not be terminated on the basis of any monies owed to the Utility Company by the EA applicant which exceed the amount of the EA payment as of the date of authorization of said payment PROVIDED the EA recipient or the Department on the recipient's behalf, remits to the Utility Company monthly payments of $________________ each and every month until the balance of $___________ is paid.

In the event that the recipient fails to pay the amount, as agreed to, and all future billing after the date of this agreement, the Utility Company is not precluded by the terms of this agreement from using any and all remedies available to it at law, including the termination of the utility service of the EA recipient.

____
Utility Company
Authorized Signature

(Signed) ____________________
E.A. APPLICANT

____
Title

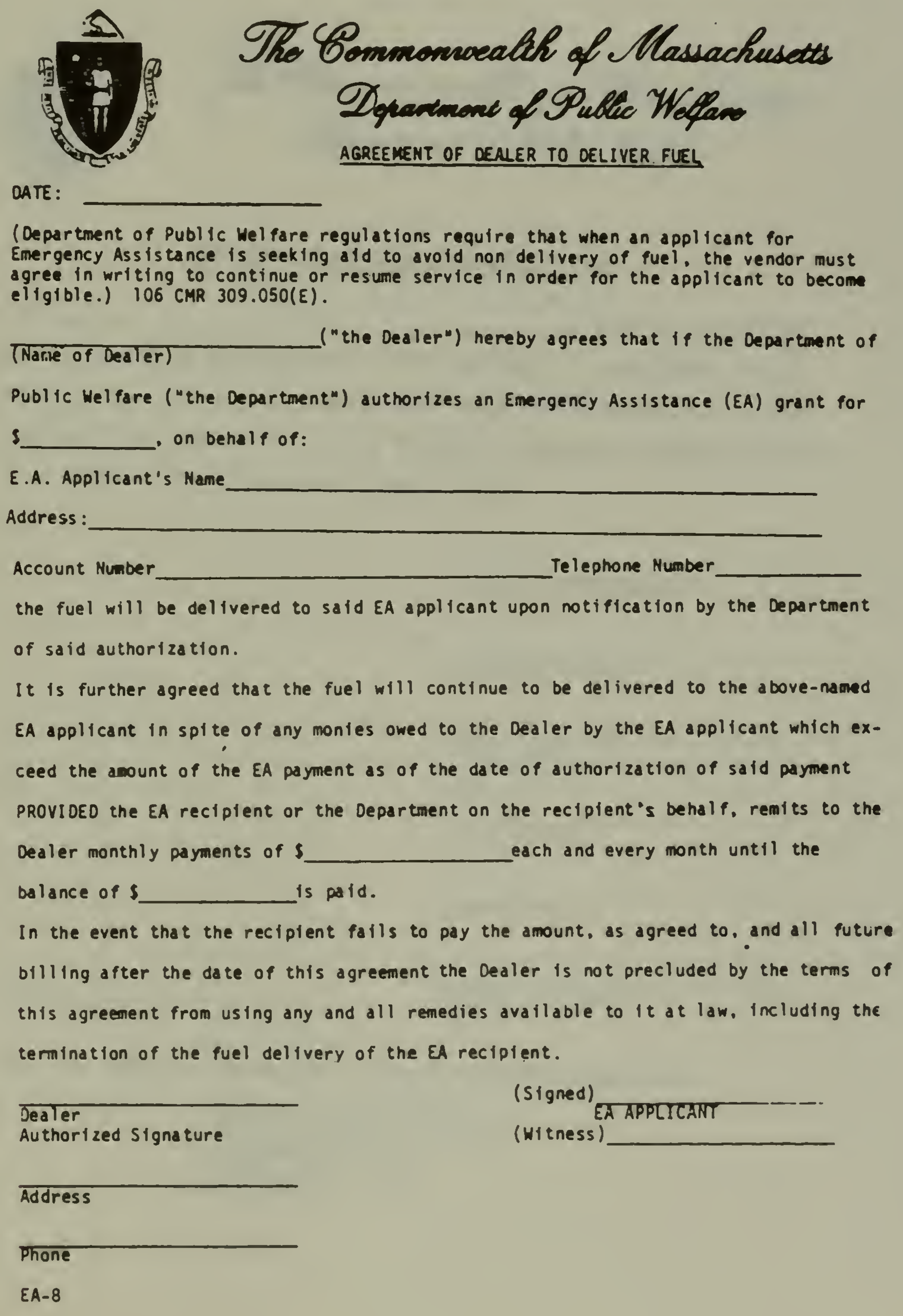
(Witness) ____________________

____
Phone

EA-4 (Revised 2/82)

5704: Agreement of Dealer to Deliver Fuel

This form must be completed to process a request made as a result of non-delivery of fuel under EA. See 6118: Non-Delivery of Fuel. You must complete the form through the first paragraph. The applicant, the dealer and a witness must sign it. The form remains in the case record.



The Commonwealth of Massachusetts
Department of Public Welfare

AGREEMENT OF DEALER TO DELIVER FUEL

DATE: ______________________

(Department of Public Welfare regulations require that when an applicant for Emergency Assistance is seeking aid to avoid non delivery of fuel, the vendor must agree in writing to continue or resume service in order for the applicant to become eligible.) 106 CMR 309.050(E).

____________________________("the Dealer") hereby agrees that if the Department of
(Name of Dealer)

Public Welfare ("the Department") authorizes an Emergency Assistance (EA) grant for

$____________, on behalf of:

E.A. Applicant's Name____

Address:____

Account Number____________________________________Telephone Number_____________

the fuel will be delivered to said EA applicant upon notification by the Department of said authorization.

It is further agreed that the fuel will continue to be delivered to the above-named EA applicant in spite of any monies owed to the Dealer by the EA applicant which exceed the amount of the EA payment as of the date of authorization of said payment PROVIDED the EA recipient or the Department on the recipient's behalf, remits to the Dealer monthly payments of $___________________each and every month until the balance of $______________is paid.

In the event that the recipient fails to pay the amount, as agreed to, and all future billing after the date of this agreement the Dealer is not precluded by the terms of this agreement from using any and all remedies available to it at law, including the termination of the fuel delivery of the EA recipient.

____
Dealer
Authorized Signature

(Signed)______________________
EA APPLICANT
(Witness)_____________________

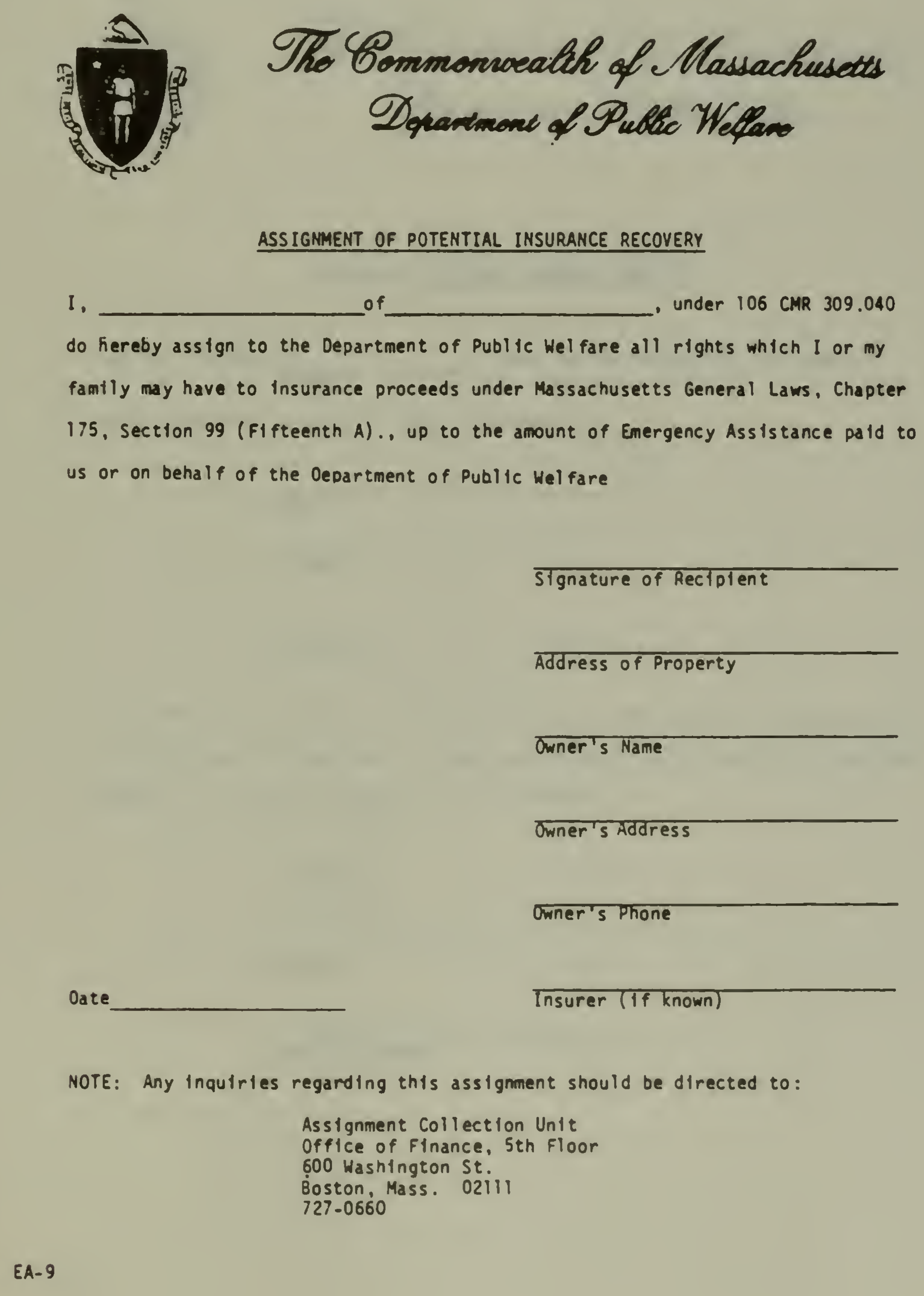
____
Address

____
Phone

EA-8

5705: Assignment of Potential Insurance Recovery

This form must be completed to process a request for EA benefits as a result of fire. See 6111: Natural Disaster. A copy of the form remains in the case record. The original must be sent to: Assignment Collection Unit, Office of Finance, 5th floor, 600 Washington St., Boston, Mass. 02111.



The Commonwealth of Massachusetts
Department of Public Welfare

ASSIGNMENT OF POTENTIAL INSURANCE RECOVERY

I, ______________________ of ______________________, under 106 CMR 309.040 do hereby assign to the Department of Public Welfare all rights which I or my family may have to insurance proceeds under Massachusetts General Laws, Chapter 175, Section 99 (Fifteenth A)., up to the amount of Emergency Assistance paid to us or on behalf of the Department of Public Welfare

Signature of Recipient ______________________

Address of Property ______________________

Owner's Name ______________________

Owner's Address ______________________

Owner's Phone ______________________

Date ______________________

Insurer (if known) ______________________

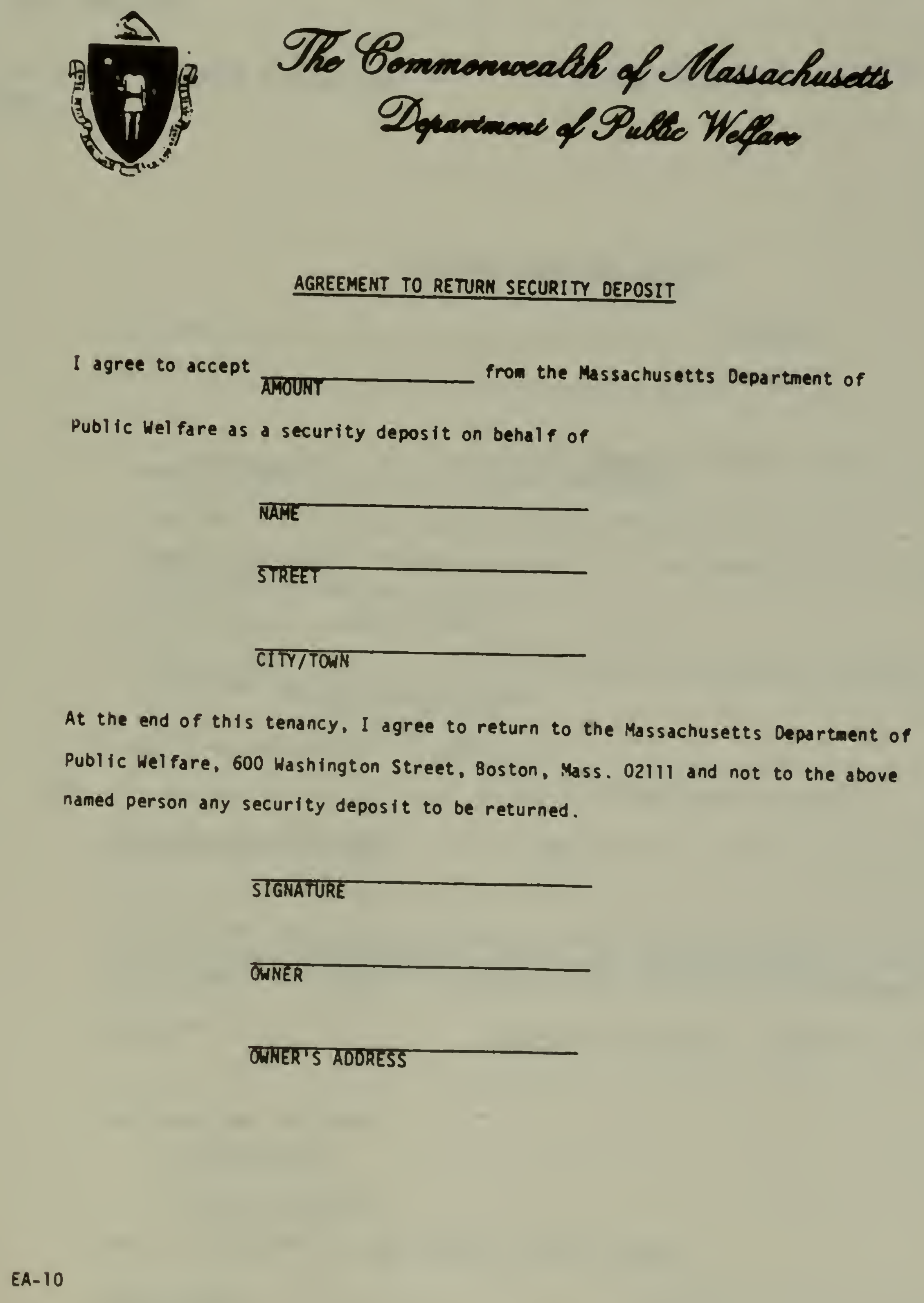
NOTE: Any inquiries regarding this assignment should be directed to:

Assignment Collection Unit
Office of Finance, 5th Floor
600 Washington St.
Boston, Mass. 02111
727-0660

EA-9

5706: Agreement to Return Security Deposit

This form must be completed to process a request for a security deposit under EA. See 6111: Natural Disaster, 6112: Eviction, 6113: Uninhabitable Dwelling. This form remains in the case record.



The Commonwealth of Massachusetts
Department of Public Welfare

AGREEMENT TO RETURN SECURITY DEPOSIT

I agree to accept ________ from the Massachusetts Department of
AMOUNT

Public Welfare as a security deposit on behalf of

NAME ________

STREET ________

CITY/TOWN ________

At the end of this tenancy, I agree to return to the Massachusetts Department of Public Welfare, 600 Washington Street, Boston, Mass. 02111 and not to the above named person any security deposit to be returned.

SIGNATURE ________

OWNER ________

OWNER'S ADDRESS ________

EA-10

5707: Home Energy Assistance Program

Unless you are otherwise instructed by your director, this form must be completed to process a request for shelter arrearage, utility arrearage and non-delivery of fuel. If a request is being made for more than one of these benefits, only one form is to be completed. You must complete the form to the dotted line. Complete Section I if the applicant is a recipient of AFDC, GR or a Refugee Program. Complete Section II if the applicant is not. The applicant must sign the statement following the dotted line and you must sign as witness. This form remains in the case record.

See 6116: Imminent Eviction, 6117: Utility Shutoff and 6118: Non-Delivery of Fuel.

HOME ENERGY ASSISTANCE PROGRAM

TO: CAP ______________________________(ADDRESS)

FROM: DPW ______________________________(ADDRESS)

I.

A. ____________________is an AFDC/GR/Refugee recipient receiving a total monthly budget of__________ from the Department.

B. Recipient's SSN is______________and address is ______________

C. Number of individuals included in budget is __. The maximum grant for a household of this size is______________.

D. (S)He has been a recipient since______________.

E. (S)He receives __________ in Social Security, Unemployment, Veterans, or other benefits______________.
(list other benefits)

F. (S)He has earned income: ___Yes ___No

II. ____________________is not an AFDC/GR/Refugee recipient

______________________ ______________________
FINANCIAL ASSISTANCE WORKER DATE

- -

I authorize the CAP agency named below to release to the Department of Public Welfare, for the purpose of determining my eligibility for Emergency Assistance, information as to whether I have applied for assistance under the Home Energy Assistance Program.

______________________ ______________________ ______________
WITNESS SIGNATURE OF APPLICANT DATE

The above named individual:

☐ has applied

☐ has not applied

for assistance under the Home Energy Assistance Program.

______________________ ______________________
CAP EMPLOYEE DATE

EA-11

5721 CCC Disposition Log

The CCC Disposition Log is a computer printout which lists cases matched at application. See 2500: Computer Matches. This log is maintained by the CSAO/WSO Director or designee.

```
MASS DPW/CCC MATCH FOR PERIOD ENDING;   81/12/22                                                    PAGE:     30
                                                      CCC DISPOSITION LOG
  REGION     WSO

    5        049

                                                               APPLICATION  *** M A T C H    D A T A ***  CIP     DATE SENT
 CAN  CATEGORY   APPLICANT NAME                 SOC SEC NUM       DATE      D.O.R.  D.E.S. F.M.C.S. NONE NUMBER   TO    CCC
 611     9       ROGERS LISA                    012-34-5678     12/10/81              *       2            356     81/12/22
 114     4       SMITH GEORGE                   901-23-4567     12/09/81                      2            357     81/12/22
 114     2       TAYLOR JANICE                  890-12-3456     11/20/81     1                             358     81/12/22
 611     9       WALSH RODNEY                   789-01-2345     12/09/81                      1            359     81/12/22
 613     9       WHITE JOYCE                    678-90-1234     12/10/81              *       1            360     81/12/22
```

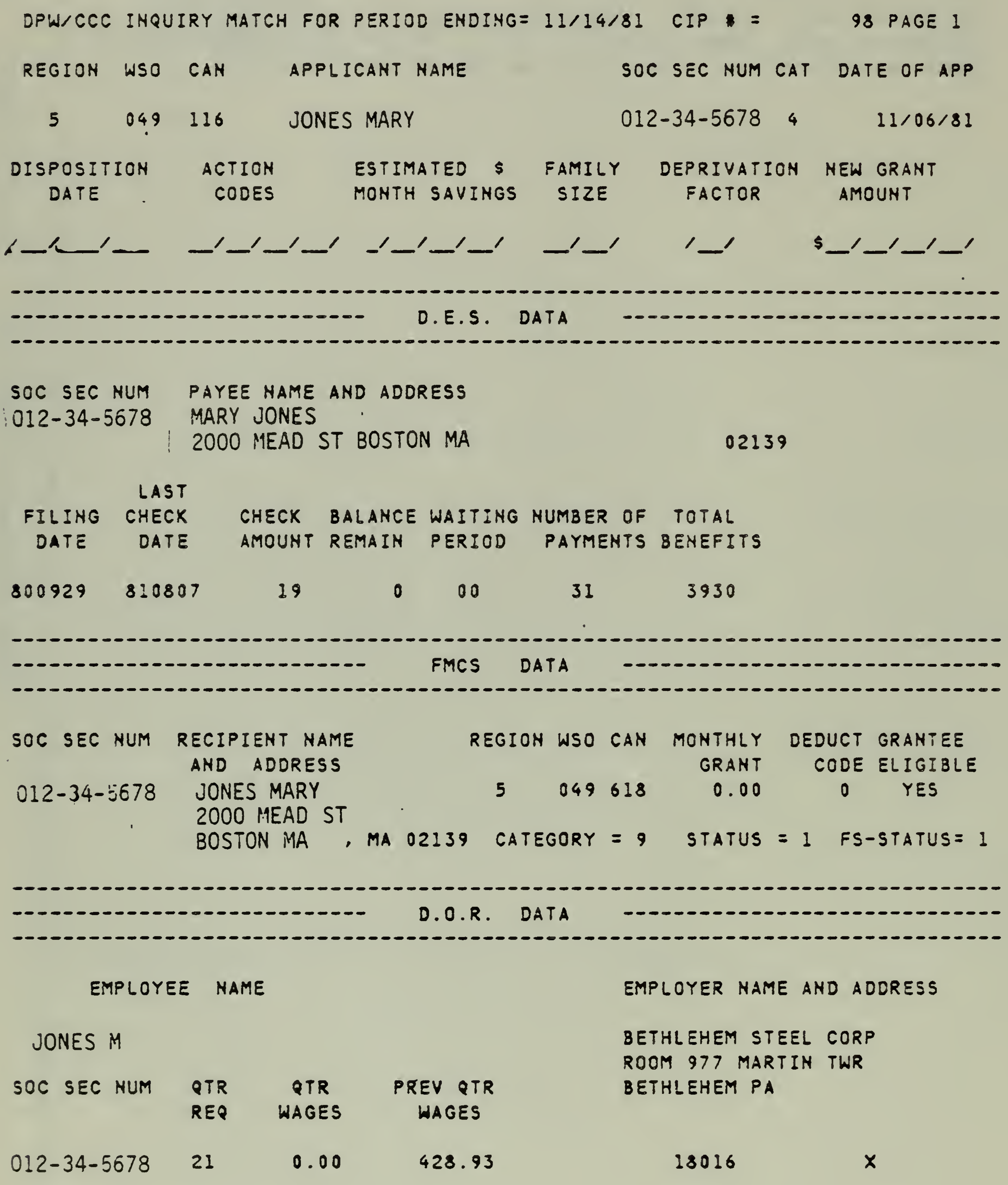
EXPLANATION OF DPW/CCC

DISPOSITION LOG FOR DPW/CCC INQUIRY MATCH

REGION	N/A for control purposes
WSO	Identifies work location
CAN	Identifies worker
CATEGORY	Identifies type of assistance individual is seeking
APPLICANT NAME	Identifies individual, last name, first name, middle initial
SOCIAL SECURITY NUMBER	Social Security Number of individual matched
APPLICATION DATE	Identifies date individual applied for assistance
MATCH DATA DEPARTMENT OF REVENUE	One digit number that identifies number of Department of Revenue records matched with applicant's Social Security Number, including quarter requested and previous quarter
MATCH DATA DEPARTMENT OF EMPLOYMENT SECURITY	An asterisk would identify a Division of Employment Security match with applicant Social Security Number
MATCH DATA FMCS	One digit number that identifies number of times applicant has been matched with active MasterFile
CLIENT INFORMATION PAGE NUMBER	Control number of Client Identification Page
DATE SENT TO CCC	Identifies run date of CCC match - will be changed to DISPOSITION ACTION CODE - This code is entered by the supervisor in accordance with the coding instructions

5722 Example of CCC-CIP (DPW/CCC Inquiry Match)

The CCC CIP contains data obtained as a result of the computer match at application. See 2500: Computer Matches for instructions for using this data. Other sections of Part V of the AFDC Handbook contain detailed descriptions of each item in each portion of the CIP.



```
DPW/CCC INQUIRY MATCH FOR PERIOD ENDING= 11/14/81  CIP # =        98 PAGE 1

REGION  WSO  CAN     APPLICANT NAME            SOC SEC NUM CAT  DATE OF APP

  5     049  116     JONES MARY                012-34-5678  4      11/06/81

DISPOSITION    ACTION      ESTIMATED  $   FAMILY   DEPRIVATION  NEW GRANT
   DATE        CODES     MONTH SAVINGS    SIZE       FACTOR      AMOUNT

/__/__/__    __/__/__/__/  _/__/__/__/    __/__/       /__/      $__/__/__/__/

--------------------------------------------------------------------------
-------------------------    D.E.S.  DATA    -----------------------------
--------------------------------------------------------------------------

SOC SEC NUM   PAYEE NAME AND ADDRESS
012-34-5678   MARY JONES
              2000 MEAD ST BOSTON MA                         02139

          LAST
 FILING  CHECK    CHECK  BALANCE WAITING NUMBER OF  TOTAL
  DATE    DATE    AMOUNT REMAIN   PERIOD  PAYMENTS BENEFITS

800929  810807      19      0      00       31       3930

--------------------------------------------------------------------------
-------------------------    FMCS   DATA    ------------------------------
--------------------------------------------------------------------------

SOC SEC NUM  RECIPIENT NAME         REGION WSO CAN  MONTHLY  DEDUCT GRANTEE
              AND  ADDRESS                            GRANT    CODE ELIGIBLE
012-34-5678   JONES MARY               5    049 618   0.00      0     YES
              2000 MEAD ST
              BOSTON MA    , MA 02139  CATEGORY = 9   STATUS = 1  FS-STATUS= 1

--------------------------------------------------------------------------
-------------------------    D.O.R.  DATA    -----------------------------
--------------------------------------------------------------------------

      EMPLOYEE  NAME                          EMPLOYER NAME AND ADDRESS

 JONES M                                      BETHLEHEM STEEL CORP
                                              ROOM 977 MARTIN TWR
SOC SEC NUM   QTR    QTR     PREV QTR         BETHLEHEM PA
              REQ   WAGES     WAGES

012-34-5678   21     0.00     428.93             18016          X
```

5731 FOR-2 Disposition Log

The FOR-2 Disposition Log lists cases appearing on the FOR-2 Report and indicates whether a match occurred. See 2500: Computer Matches. This log is a guide for use with the FOR-2 Report.

R-2 REDETERMINATION MATCH FOR PERIOD: FEBRUARY 1982 FOR-2 DISPOSITION LOG

FOR-2 DISPOSITION LOG

REGION	WSO
1	410

CAN	CATEGORY	RECIPIENT NAME	SOC SEC NUM	FOR-2 DATE	MATCH D.O.R.	DATA D.E.S.	CIP NUMBER	DISPOSITION ACTION CODE
622	9	Black Susan	012-34-5678	01/19/82		*	361	
622	9	Brown Raymond	901-23-4567	01/19/82	1	*	362	
622	9	Curtis Mary	890-12-3456	01/19/82	1	*	363	
622	9	Gray John	789-01-2345	01/19/82		*	364	
622	9	Greene, Elizabeth	678-90-1234	01/19/82	1		365	
622	9	Jones Francis	567-89-0123	01/19/82		*	366	
624	9			01/19/82		*	367	
624	9			01/19/82	1	*	368	
624	9			01/19/82		*	369	
624	9			01/19/82	1	*	370	
625	9			01/19/82	1	*	371	
625	9			01/19/82		*	372	
626	9			01/19/82	1		373	

DISPOSITION LOG FOR FOR-2 MATCH

FOR-2 Redetermination Match for Period - identifies the month that the FOR-2 redetermination list was matched with the Department of Revenue and the Department of Employment Security records.

Region - N/A

WSO - identifies work location

CAN - identifies worker

Category - identifies type of assistance recipient is receiving.

Recipient Name - identifies recipient, last name, first name, MI.

Social Security Number - Social Security Number of recipient matched.

FOR-2 Date - identifies run date of FOR-2 redetermination list.

Match Department of Revenue - One digit number that identifies number of Department of Revenue records matched with FOR-2 including quarter requested and previous quarter.

Data Department of Employment Security - an asterisk would identify a Division of Employment Security match with FOR-2.

Client Information Page Number - Control number of Client Identification Page.

Disposition Action Code - This code is entered by the supervisor in accordance with the coding instructions

5732 Example of FOR-2 CIP (FOR-2 Redetermination Match)

The FOR-2 CIP contains data obtained as a result of the computer matches conducted at redetermination. See 2500: Computer Matches for instructions for using this data. Other sections of Part V of the AFDC Handbook contain detailed descriptions of each item in each portion of the CIP.

```
FOR-2 REDETERMINATION MATCH FOR: FEBRUARY   1982     CIP # =      371 PAGE 1

 REGION  WSO  CAN     APPLICANT NAME              SOC SEC NUM CAT

   1     410  625     JONES MARY                  012-34-5678

DISPOSITION    ACTION
   DATE         CODES

___/___/___   __/__/__/

-------------------------------------------------------------------------
-------------------------   D.E.S.  DATA   ------------------------------
-------------------------------------------------------------------------

SOC SEC NUM   PAYEE NAME AND ADDRESS
012-34-5678  MARY JONES
             2000 MEAD ST BOSTON MA                          02128

             LAST
 FILING     CHECK     CHECK  BALANCE WAITING NUMBER OF  TOTAL
  DATE       DATE    AMOUNT  REMAIN   PERIOD   PAYMENTS BENEFITS

071381    010482      82      405     29        22        7891

-------------------------------------------------------------------------
-------------------------   D.O.R.  DATA   ------------------------------
-------------------------------------------------------------------------

      EMPLOYEE  NAME                          EMPLOYER NAME AND ADDRESS

 JONES          MARY                          MARIO SPORTSWEAR CO INC

SOC SEC NUM   QTR     QTR     PREV QTR        451 D ST
              REQ    WAGES     WAGES          SO BOSTON
                                              MA
012-34-5678   41      0.00    1196.55            022102829700000
```

5740 Header Information on CIP

The header information on the CIP contains identifying information. A detailed description of each item in this portion follows. See 2500: Computer Matches.

```
DPW/CCC INQUIRY MATCH FOR PERIOD ENDING= 11/14/81  CIP # =        98 PAGE 1

REGION  WSO  CAN     APPLICANT NAME              SOC SEC NUM CAT  DATE OF APP

  5     049  116     JONES MARY                  012-34-5678  4     11/06/81

DISPOSITION    ACTION      ESTIMATED $   FAMILY   DEPRIVATION  NEW GRANT
   DATE        CODES      MONTH SAVINGS   SIZE      FACTOR      AMOUNT

__/__/__     _/_/_/_/     _/_/_/_/      _/_/        /_/       $_/_/_/_/
```

EXPLANATION OF CIP FOR DPW/CCC INQUIRY MATCH

DPW/CCC INQUIRY MATCH FOR PERIOD ENDING	To be read Month, Day, Year
CLIENT IDENTIFICATION PAGE NUMBER	CIP Number For Control Purposes
PAGE	Identifies Page Number of CIP
REGION	N/A for Control Purposes
WSO	Identifies local office
CAN	Identifies Case Assignment Number
APPLICANT NAME	Identifies individual - Last Name, First Name, M.I.
SOCIAL SECURITY NUMBER	Individual's Social Security Number
CATEGORY	Type of aid individual is seeking
DATE OF APPLICATION	Date individual applied for aid
DISPOSITION DATE	To be entered on CIP, the date the supervisor signs the application/redetermination and T.D.
ACTION CODES	To be entered on CIP, in accordance with coding instructions

ESTIMATED $ MONTH SAVINGS:	Leave blank	These items will be deleted in the future
FAMILY SIZE	Leave blank	
DEPRIVATION FACTOR	Leave blank	
NEW GRANT AMOUNT	Leave blank	

```
FOR-2 REDETERMINATION MATCH FOR: FEBRUARY  1982    CIP # =      371 PAGE 1

  REGION  WSO  CAN    APPLICANT NAME             SOC SEC NUM CAT

    1     410  625    JONES MARY                 012-34-5678

 DISPOSITION    ACTION
    DATE         CODES

 ___/___/___   __/__/__/
```

EXPLANATION OF CIP FOR FOR-2 MATCH

FOR-2 REDETERMINATION MATCH FOR:	Month and Year of FOR-2
CLIENT IDENTIFICATION PAGE NUMBER:	CIP Number for control purposes
PAGE	Identifies page number of CIP
REGION:	N/A For Control Purposes
WSO:	Identifies local office
CAN:	Identifies Case Assignment Number
APPLICANT NAME:	Identifies individual
SOCIAL SECURITY NUMBER:	Recipient Social Security Number

5741 FMCS Data on the CIP's

This portion of the CIP appears only on a CCC CIP. See 5722: Example of CCC CIP (DPW/CCC Inquiry Match) In this portion appears data which have resulted from a match with Department files. A detailed description of each item in this portion follows. See 2500: Computer Matches.

```
-------------------------------------------------------------------------
-------------------------     FMCS   DATA     ---------------------------
-------------------------------------------------------------------------

SOC SEC NUM   RECIPIENT NAME           REGION WSO CAN  MONTHLY  DEDUCT GRANTEE
               AND  ADDRESS                              GRANT    CODE ELIGIBLE
012-34-5678    JONES MARY                5    049 618    0.00      0     YES
               2000 MEAD ST
               BOSTON MA   MA 02139  CATEGORY = 9   STATUS = 1  FS-STATUS= 1
```

FINANCIAL MANAGEMENT CONTROL SYSTEM (FMCS) DATA

SOCIAL SECURITY NUMBER	Social Security Number of recipient on Department Masterfile
RECIPIENT NAME AND ADDRESS	Identifies recipient/grantee and address on Department Masterfile
REGION	N/A for control purposes
WSO	Identifies local office
CAN	Identifies Case Assignment Number
MONTHLY GRANT	Amount of monthly cash payments recipient receives
DEDUCT CODE	Identifies if earned income is being deducted from grant
GRANTEE ELIGIBLE	Yes or No identifies if grantee is or is not in grant
CATEGORY	Category of assistance for which recipient is receiving aid
STATUS	Denotes if recipient is active or closed on category identified
FOOD STAMP STATUS	Denotes if client is or is not receiving Food Stamps

5742 DES Data on the CIP's

This portion of the CIP contains data which have resulted from a match with DES files. A detailed description of each item in this portion follows. See 2500: Computer Matches.

```
------------------------------------------------------------------------------
----------------------------    D.E.S.  DATA    ------------------------------
------------------------------------------------------------------------------

SOC SEC NUM   PAYEE NAME AND ADDRESS
012-34-5678   MARY JONES
              2000 MEAD ST        BOSTON MA                  2128

         LAST
 FILING  CHECK    CHECK  BALANCE WAITING NUMBER OF  TOTAL
  DATE   DATE     AMOUNT REMAIN  PERIOD   PAYMENTS BENEFITS

090981  010882     154     3295    37        07       6898
```

DIVISION OF EMPLOYMENT SECRUITY (D.E.S.) DATA

SOCIAL SECURITY NUMBER	Social Security Number of person collecting Unemployment Compensation
PAYEE NAME AND ADDRESS	Name and address of person collecting Unemployment Compensation.
FILING DATE	Last date person filed claim - to be read month, day, year
LAST CHECK DATE	Date person received last check - to be read month, day, year
CHECK AMOUNT	Amount of last check, not necessarily the amount of each check received
BALANCE REMAIN	Amount of money remaining in person's account with DES
WAITING PERIOD	The number of the week in the calendar year when an individual received his/her first Unemployment Compensation check. For example: the first check is received on 2/25/81. Since this is the eighth week of the year the waiting period is 8.
NUMBER OF PAYMENTS	Identifies number of checks person received
* TOTAL BENEFITS	Total of all payments person received

* Please note that total benefits does not always equal check amount times number of payments. For example: if a person has $1620 in account the person receives 20 checks at $80 per check = $1600; last check is for $20.

5743 DOR Data on the CIP's

This portion of the CIP contains data which have resulted from a match with the files of the Department of Revenue (DOR). A detailed description of each item in this portion follows. See 2500: Computer Matches.

```
------------------------------------------------------------------------------
----------------------------  D.O.R.  DATA  -----------------------------------
------------------------------------------------------------------------------

      EMPLOYEE  NAME                               EMPLOYER NAME AND ADDRESS

 JONES               MARY                          BETHLEHEM STEEL CORP
                                                   ROOM 977
 SOC SEC NUM    QTR     QTR      PREV QTR          MARTIN TWR
                REQ    WAGES      WAGES            BETHLEHEM
                                                   PA
 012-34-5678    41      0.00     5717.19              180161634560005
```

DEPARTMENT OF REVENUE (D.O.R.) DATA

EMPLOYEE NAME	Name of person working; last name, first name, middle initial
EMPLOYER NAME AND ADDRESS	Name of address of company where person works or the home office of the company for whom the person works
SOCIAL SECURITY NUMBER	Social Security Number of person working
QUARTER REQUESTED	Two digit number representing the period covered. First digit = quarter requested, second digit = year of quarter requested; i.e., 21 = second quarter, 1981; 40 = fourth quarter, 1980
QUARTER WAGES	Wages person earned for quarter requested
PREVIOUS QUARTER WAGES	Wages person earned for previous quarter; i.e., quarter requested was second quarter 1981, previous quarter would be 1st quarter of 1981

5751 Discrepancy Form

This form is used to determine whether a descrepancy exists between the case record data and data received as a result of a match between the Department's files and the files of the Department of Revenue (DOR). See 2530: DOR Match Procedures.

DOR DISCREPANCY FORM

Case Name						
Match Qtr. (Circle one)	3	6	9	12	Year	

Circle 3 if Jan.-Mar., 6 if Apr.-June, 9 if July-Sept. and 12 if Oct.-Dec.

DOR Data (CIP)

1. DOR Quarterly Earnings for Case - From CIP	
2. Subtract $90	- 90
3. DOR Earnings for Comparison	

Case Record Data (Match Quarter)

4. Calculation of Gross Monthly Earned Income of Case for Match Quarter (If necessary)	
5. Gross Monthly Earned Income	
6. Multiply by 3	X 3
7. Match Quarter Case Record Data for Comparison	

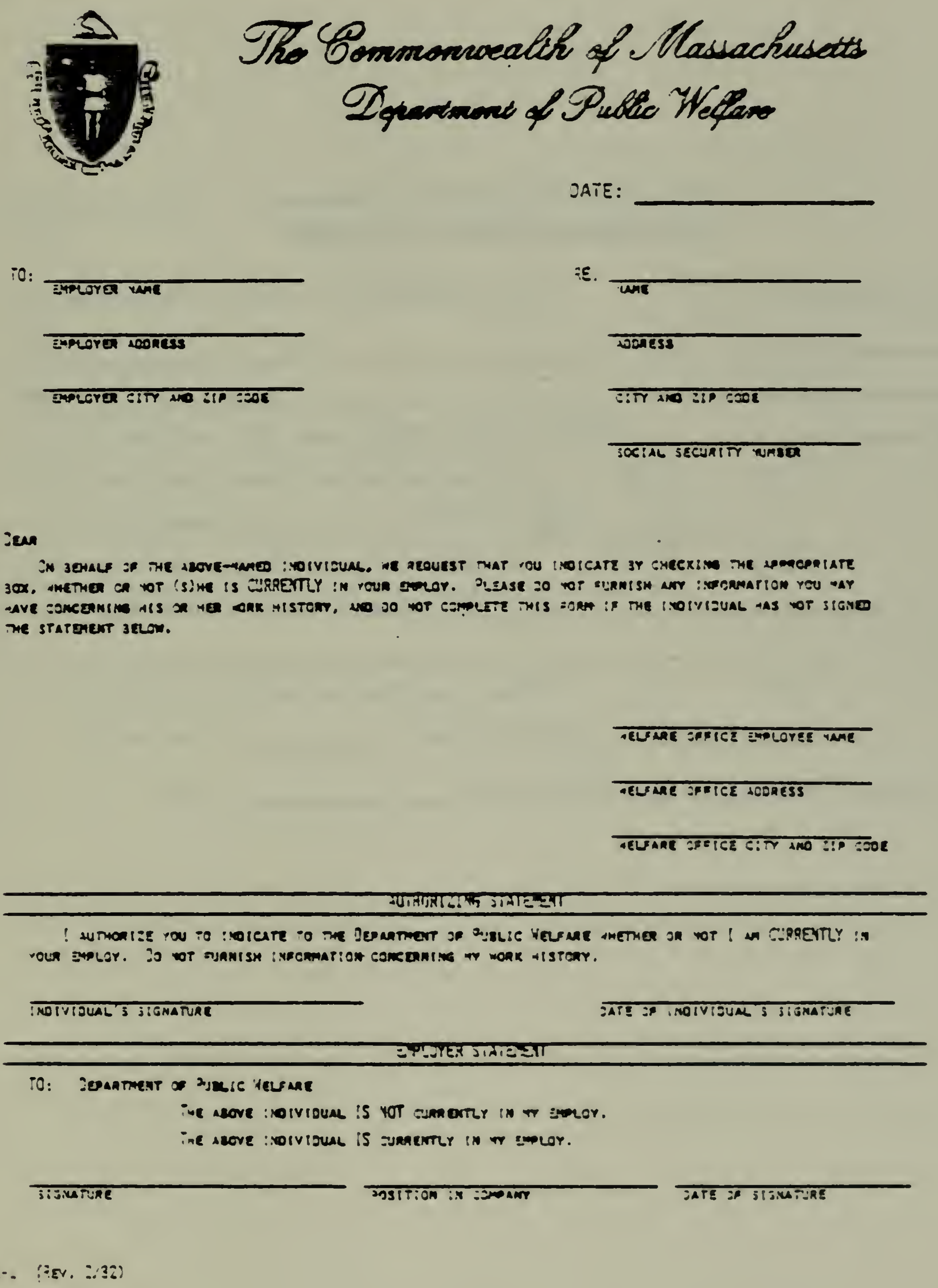
Results for Match Quarter: is Line 3 Greater than Line 7?

___ Yes (Discrepancy)
___ No (No Discrepancy)

Worker________________________________ Date____________________________

5752 DORL-1

This form is used to verify that an applicant or recipient is not currently employed by an employer listed on the Department of Revenue (DOR) files. See 2530: DOR Match Procedures.



The Commonwealth of Massachusetts
Department of Public Welfare

DATE: ____________

TO: ____________ EMPLOYER NAME	RE. ____________ NAME
____________ EMPLOYER ADDRESS	____________ ADDRESS
____________ EMPLOYER CITY AND ZIP CODE	____________ CITY AND ZIP CODE
	____________ SOCIAL SECURITY NUMBER

DEAR

ON BEHALF OF THE ABOVE-NAMED INDIVIDUAL, WE REQUEST THAT YOU INDICATE BY CHECKING THE APPROPRIATE BOX, WHETHER OR NOT (S)HE IS CURRENTLY IN YOUR EMPLOY. PLEASE DO NOT FURNISH ANY INFORMATION YOU MAY HAVE CONCERNING HIS OR HER WORK HISTORY, AND DO NOT COMPLETE THIS FORM IF THE INDIVIDUAL HAS NOT SIGNED THE STATEMENT BELOW.

____________ WELFARE OFFICE EMPLOYEE NAME
____________ WELFARE OFFICE ADDRESS
____________ WELFARE OFFICE CITY AND ZIP CODE

AUTHORIZING STATEMENT

I AUTHORIZE YOU TO INDICATE TO THE DEPARTMENT OF PUBLIC WELFARE WHETHER OR NOT I AM CURRENTLY IN YOUR EMPLOY. DO NOT FURNISH INFORMATION CONCERNING MY WORK HISTORY.

____________ INDIVIDUAL'S SIGNATURE
____________ DATE OF INDIVIDUAL'S SIGNATURE

EMPLOYER STATEMENT

TO: DEPARTMENT OF PUBLIC WELFARE

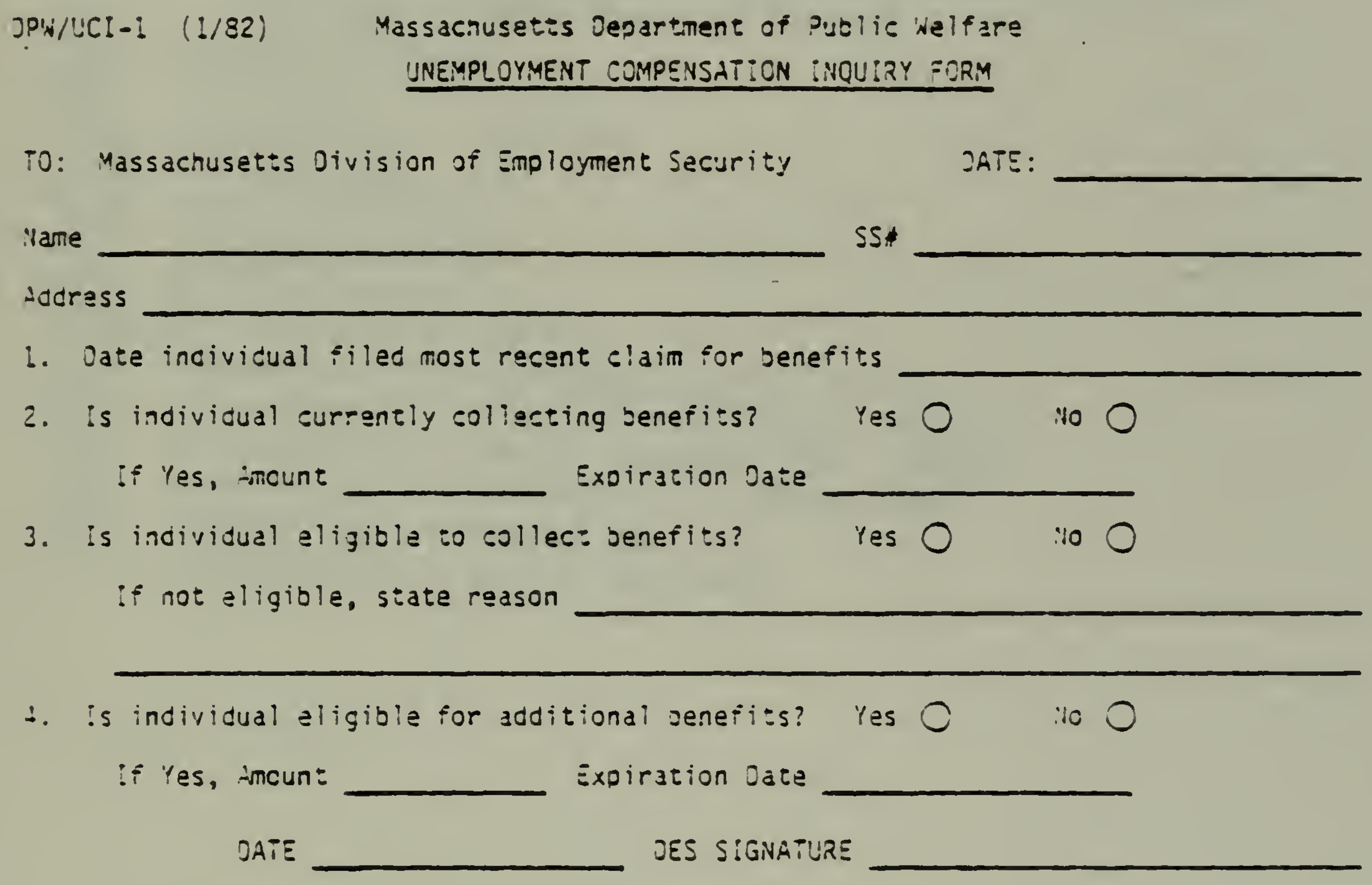
THE ABOVE INDIVIDUAL IS NOT CURRENTLY IN MY EMPLOY.
THE ABOVE INDIVIDUAL IS CURRENTLY IN MY EMPLOY.

____________ SIGNATURE
____________ POSITION IN COMPANY
____________ DATE OF SIGNATURE

DORL-1 (Rev. 2/82)

5753 DPW/UCI-1

This form is used to verify the amount of Unemployment Compensation benefits currently being received by an applicant or recipient or the fact that no benefits are being received. This form is used in conjunction with computer matches with the Division of Employment Security (DES). See 2520: DES Match Procedures.



DPW/UCI-1 (1/82) Massachusetts Department of Public Welfare

UNEMPLOYMENT COMPENSATION INQUIRY FORM

TO: Massachusetts Division of Employment Security DATE: ______

Name ______ SS# ______

Address ______

1. Date individual filed most recent claim for benefits ______
2. Is individual currently collecting benefits? Yes ○ No ○
   If Yes, Amount ______ Expiration Date ______
3. Is individual eligible to collect benefits? Yes ○ No ○
   If not eligible, state reason ______
4. Is individual eligible for additional benefits? Yes ○ No ○
   If Yes, Amount ______ Expiration Date ______

DATE ______ DES SIGNATURE ______

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PART VI

EMERGENCY ASSISTANCE

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6100: EMERGENCY ASSISTANCE

The 6100 series describes the procedures to follow in responding to an Emergency Assistance (EA) request. Begin responding to each EA request with 6101: Initial Response to any EA Request. That section will refer you to relevant sections as needed depending on the type of request and the circumstances of the household. As needed, you will be referred to the forms in the 5700 series which are necessary to process the request you are working on.

In processing an EA request you must keep certain things in mind. All EA applications must be cleared on the Recipient Master File using file inquiry capability available at the local office. If any of the information provided by the applicant appears to be incomplete inconsistent or contradictory, you must request verification or additional verification to resolve the issue. All approved EA applicant cases and each date of authorization of EA benefit(s) must be entered on the Recipient Master File. (See Section 6133, Authorizing EA Vendor Payments.)

Because of the emergency nature of some situations, the time necessary to obtain required verifications may create possible serious imminent risk to the health and safety of the household. If you believe this is the case, consult with your CSAO Director. If (s)he approves the request, and this has been documented in the case record, the verifications can be waived until the next available opportunity to obtain them. For example, a household requests benefits on 4:45 P.M. on a Friday as a result of a fire which occurred that afternoon and the household can not complete the verification requirement. The CSAO Director may waive the verifications requirement until Monday morning and authorize Emergency Shelter until Monday morning. On Monday verification is necessary to extend Emergency Shelter and to process any requests.

All authorizations for EA must be completed within the 30 consecutive day period following the date of first authorization (as distinguished from the date of request).

Delivery of EA benefits is governed by the time standards prescribed by the Cornelius Consent Decree. For each benefit available under EA, a time frame is set forth for applicant and for Department action. These time frames are listed within the EA procedures under the type of benefit requested. The days listed in the time frames are calendar days counted from the date of request. For example, if the applicant time frame is 4 days and the Department time frame is 7, the Department has 3 days to act after the applicant has submitted all the verifications.

The Department time frame is extended by the number of days the applicant is over the applicant time frame in providing the required verification. For example, if the applicant time frame is 4 and the Department time frame is 7 and the applicant provides the required verifications on day 5, the Department time frame is 8 (that is, it is extended by that one day over the applicant time frame the applicant took to provide the verifications). The applicant must provide the required verifications by the 30 th day after the request was made. If the applicant does not, the request must be denied. The applicant, however, may make another request. In cases where the applicant provides required verification in less time than the applicant time frame, the Department time frame is not changed unless the benefit requested is designated as one which must be provided as soon as all verifications have been submitted when serious and imminent risk to the health and safety of the household exists. The benefits designated in this way are identified in Sections 6111-6118.

The applicant must be notified of the time frames and required verifications by an NFL-16. The NFL-16 contains the time frames and verifications preprinted for each benefit. You must make sure that every verification required for each benefit requested is checked off on the NFL-16.

The bottom of the NFL-16 contains space called "Additional Verification Instructions" for other verifications which may be required in some cases for determining categorical, income, and asset eligibility. You must make sure that these verifications are entered if any are needed. If the worker has entered a verification in the "Additional Verification Instruction" space, the worker must also enter in the two blocks on the right the time frames for the additional verification. Because no benefit can be authorized until all additional verifications are received, the time frames for submitting the additional verification, are the time frames of the requested benefit with the shortest time frame.

6101: INITIAL RESPONSE TO ANY EA REQUEST

Step 1: Record the applicant's request in the office EA log.

Step 2: Determine whether the applicant household has received an EA authorization within the past 30 days by using file inquiry capability available at the local office and by reviewing the case record.

- If the applicant has, go to 6102: Processing a Subsequent EA Request Within a 30 Day Period.
- If the applicant has not, go to 6103: Processing an EA Request in Which No Authorization Has Been Made Within the Past Thirty Days.

6101 NATURAL DISASTER, FIRE OR FLOOD

Step 1: Determine whether Emergency Assistance is the appropriate mechanism for addressing the applicant's circumstances. If so, record the request, taking an application, if necessary; see CAG 6201: Responding to a Request for Benefits.

Step 2: Determine the types of benefits for which the household may be eligible, and the verifications required, by consulting CAG 6209: Chart I: Emergencies, Verifications, Time Standards and Benefits.

Inform the applicant or recipient of:

- the verification(s) required for the benefit(s) requested; and
- the verification(s) required to establish categorical and financial eligibility if the EA household is not composed solely of AFDC and SSI recipients.

Inform the applicant or recipient of the timeframe(s) in which the above verifications must be provided. Complete 3 copies of the NFL-16.

If the request was made in person, have the applicant sign the EA-5R and give him or her the original NFL-16. File 1 copy in the case record and file 1 copy in the tickler file.

If the request was made over the phone or by mail, inform the applicant that the EA-5R must be signed and returned to the office together with the verification(s) indicated on the NFL-16. Mail the EA-5R together with 1 copy of the completed NFL-16 to the applicant or recipient within 3 calendar days of the request. File 1 copy in the case record and 1 copy in the tickler file.

NOTE: If emergency living arrangements are requested, they must be authorized in accordance with the procedures outlined in CAG 6207: Authorizing Emergency Living Arrangements.

If the case involves an initial request for benefits, go to Step 3.

If the case involves a request for additional benefits, go to Step 6.

Step 3: If the verification outlined in Step 2 is provided within 30 days of the date of initial notification (NFL-16), go to Step 4.

NOTE: The Department service delivery time for the benefit(s) requested is extended by the number of days the applicant or recipient is late in providing the required verification(s). In instances where the client provides verification in less time than the recipient standard requires, the Department still has the full amount of time listed in the Department Service Delivery Time standard to process the request.

If the required verification is not provided within 30 days of the date of notification, deny the application (manual citation: 301.520(D)). Go to Step 9.

Step 4: Determine whether the EA household is composed solely of AFDC and SSI recipients.

If so, go to Step 7.

If not, go to Step 5.

Step 5: Determine whether the EA household meets

- categorical requirements (see CAG 6202: Determining Categorical Eligibility), and
- financial eligibility requirements (see CAG 6203: Determining Financial Eligibility).

If so, go to Step 7.

If not, deny the application (manual citation: 309.020). Go to Step 9.

Step 6: If the recipient provides the verification outlined in Step 2 with sufficient time to authorize the benefit(s) within the 30 day authorization period, go to Step 7.

Note: The Department service delivery time for the benefit(s) requested is extended by the number of days the applicant or recipient is late in providing the required verification(s). In instances where the client provides verification in less time than the recipient standard required, the Department still has the full amount of time listed in the Department Service Delivery Time standard to process the request.

If the verification is not provided, or is not provided in time to allow authorization within the 30-day period, deny the request (manual citation: 309.020). Go to Step 9.

Step 7: Conduct a home visit to:

(A) Determine whether losses or damages occurred as a result of:

- hurricane, tornado, earthquake, fire or flood; or
- theft or vandalism which was a direct result of these disasters; and

(B) Verify the extent of the damages or the unsalvageability of items to be replaced. Place this verification in the case record.

If losses or damages occurred as a result of any of the events listed in (A) above, go to Step 8.

If not, deny the application. Go to Step 9.

Step 8: Determine the benefits for which the household is eligible, and authorize payment, if any. See CAG 6204: Determining the Amounts to be Authorized.

Step 9: To deny the request, complete 4 copies of the NFL-9; send 2 copies to the recipient, file 1 copy in the case record, and file 1 copy in the tickler file.

6102: PROCESSING A SUBSEQUENT EA REQUEST WITHIN A 30-DAY PERIOD

Before processing the EA request, be sure that you have followed the instructions in 6101: Initial Response to Any EA Request

Step 1: Determine whether a sufficient amount of time remains within the 30-day authorization period to allow the applicant to verify and the Department to authorize the benefit(s) requested before the end of the 30-day authorization period.

- If sufficient time does not remain, deny the request. Manual Citation 309.020. To deny the request, complete 3 copies of an NFL-16 and 4 copies of an NFL-9. Give the original NFL-16 and 2 copies of the NFL-9 to the applicant if the request was made in person. If the request was not made in person, mail the forms to the applicant. File 1 copy of each form in the case record and 1 copy in the tickler file.

- If sufficient time does remain, go to Step 2.

Step 2: Determine the types of benefits for which the household may be eligible and the required verifications by consulting the following sections:

6111	Natural Disaster
6112	Evictions
6113	Uninhabitable Dwelling
6114	Homelessness
6115	Appliance Repair
6116	Imminent Eviction
6117	Utility Shutoff
6118	Non Delivery of Fuel

These sections describe each EA situation, the types of benefits available, the maximum amount able to be authorized for each benefit, and the time standards for applicant and Department action.

- If the applicant is requesting a benefit which is not available under EA, deny the request. Manual Citation is 309.010. To deny the request, complete 3 copies of an NFL-16 and 4 copies of an NFL-9. Give the original NFL-16 and 2 copies of the NFL-9 to the applicant if the request was made in person. If the request was not made in person, mail the forms to the applicant. File 1 copy of each form in the case record and 1 copy in the tickler file.

- If the applicant is requesting a benefit(s) available under EA, go to Step 3.

Step 3: Complete Section I of another EA Application and Worksheet. (See 5701).

Complete 3 copies of an NFL-16 which informs the applicant of the verifications required for the benefits requested and the time frames for applicant and Department action. Give the original NFL-16 to the applicant if the request was made in person. If the request was not made in person, mail the form to the applicant. File a copy in the case record and a copy in the tickler file.

NOTE: If Emergency Shelter benefits are requested, they must be authorized in accordance with the procedures outlined in 6132: Authorizing Emergency Shelter.

Step 4: Determine whether the applicant has provided the verifications for the benefit(s) requested in sufficient time to authorize the benefits within the 30-day authorization period.

- If the applicant has not, deny the request. Manual Citation: 309.020. To deny the request complete 4 copies of the NFL-9. Mail 2 copies to the recipient, file 1 copy in the case record and mail 1 copy in the tickler file.
- If the applicant has, go to 6131: Determining the Amount to Be Authorized.

NOTE: The Department service delivery time for the benefit(s) requested is extended by the number of days the applicant or recipient is late in providing the required verification(s). In instances where the applicant provides verification in less time than the applicant standard requires, the Department still has the full amount of time listed in the Department Service Delivery Time Standard to process the request.

Step 8: To deny the request, complete 4 copies of the NFL-9; send 2 copies to the recipient, file 1 copy in the case record, and file 1 copy in the tickler file.

6103: PROCESSING AN EA REQUEST IN WHICH NO AUTHORIZATION HAS BEEN MADE WITHIN THE PAST 30 DAYS

Before processing the EA request, be sure that you have followed the instructions in 6101: Initial Response to Any EA Request.

Step 1: Determine whether the household has received authorization for EA within the 12 months preceding the date of request.

- If it has not, go to Step 3.
- If it has, go to Step 2.

Step 2: Determine whether the applicant is requesting benefits as a result of a Natural Disaster.

- If the applicant is, go to Step 3.
- If the applicant is not, deny the request. Manual Citation: 309.020. To deny the request, complete 3 copies of an NFL-16 and 4 copies of the NFL-9. Give the original NFL-16 and 2 copies of the NFL-9 to the applicant if the request was made in person. If the request was not made in person, mail the forms to the applicant. File 1 copy of each form in the case record and 1 copy in the tickler file.

Step 3: Sections I through IV of the EA Application and Worksheet (See 5701) must be completed.

If the request was made in person, Sections I through IV should be completed in the office. You should make note of any verification you do not have which is necessary to determine categorical and financial eligibility in accordance with 6121: Determining Categorical Eligibility, 6122: Determining Financial Eligibility: Assets, and 6123: Determining Financial Eligibility: Income. Go to Step 4.

If the request was not made in person, complete Section I and go to Step 4.

Step 4: Determine the types of benefits for which the household may be eligible and the required verifications by consulting the following sections:

6111 Natural Disaster
6112 Evictions
6113 Uninhabitable Dwelling
6114 Homelessness
6115 Appliance Repair
6116 Imminent Eviction
6117 Utility Shutoff
6118 Non Delivery of Fuel

These sections describe each EA situation, the types of benefits available, the maximum amount able to be authorized for each benefit, and the time standards for applicant and Department action.

- If the applicant is requesting a benefit which is not available under EA, deny the request. Manual Citation: 309.010. To deny the request, complete 3 copies of an NFL-16 and 4 copies of an NFL-9, give the original NFL-16 and 2 copies of the NFL-9 to the applicant if the request was made in person. If the request was not made in person, mail the forms to the applicant. File 1 copy of each form in the case record and 1 copy in the tickler file.

- If the applicant is requesting a benefit(s) available under EA, go to Step 5.

Step 5: Complete 3 copies of the NFL-16, which informs the applicant of the verifications required for the benefits requested and the time frames for applicant and Department action. Also indicate on the NFL-16 the verifications you do not have which are needed to determine categorical or financial eligibility and indicate that they must be submitted within the applicant time frame. Consult 6121: Determining Categorical Eligibility, 6122: Determining Financial Eligibility: Assets and 6123: Determining Financial Eligibility: Income.

If the request was made in person, give the original NFL-16 to the applicant. File a copy in the case record and a copy in the tickler file.

If the request was not made in person, mail the NFL-16 to the applicant along with the EA Application and Worksheet. Indicate in the NFL-16 that Sections II through IV must be completed within the applicant time frame.

NOTE: If Emergency Shelter benefits are requested, they must be authorized in accordance with the procedures outlined in 6132: Authorizing Emergency Shelter.

Go to Step 6.

Step 6: Determine whether the applicant has provided the verifications requested within 30 days of the date of notification, that is the date of the NFL-16.

- If the applicant has not, deny the request. Manual Citation: 301.520. To deny the request, complete 4 copies of the NFL-9, mail 2 copies to the recipient, file 1 copy in the case record and 1 copy in the tickler file.

- If the applicant has, go to Step 7.

NOTE: The Department service delivery time for the benefit(s) requested is extended by the number of days the applicant or recipient is late in providing the required verification(s). In instances where the applicant provides verification in less time than the applicant standard requires, the Department still has the full amount of time listed in the Department Service Delivery Time Standard to process the request.

Step 7: Determine categorical eligibility in accordance with 6121: Determining Categorical Eligibility. If the household is categorically eligible, determine financial eligibility in accordance with 6122: Determining Financial Eligibility: Assets. If the household is financially eligible with respect to assets, determine financial eligibility in accordance with 6123: Determining Financial Eligibility: Income.

If the household meets all of the above eligibility tests, go to 6131: Determining the Amount to be Authorized.

If the household fails to meet any one of the above eligibility tests, the household is not eligible. The request must be denied. Manual Citation: 309.020. To deny the request, complete 4 copies of the NFL-9, mail 2 copies to the applicant, file 1 copy in the case record and 1 copy in the tickler file.

6104 DEFECTIVE HOME SITUATION; HOME REPAIRS

Step 1: Determine whether Emergency Assistance is the appropriate mechanism for addressing the applicant's circumstances. If so, record the request, taking an application, if necessary; see CAG 6201: Responding to a Request for Benefits.

Step 2: Inform the applicant or recipient that:

(A) (S)he must provide the following verifications within 8 days if the cost of repairs is under $500, or 12 days if the cost of repairs is $500 or more.

- a statement from the Board of Health or Code Enforcement Agency that the home is so defective that continued occupancy would be detrimental to the health or safety of the household;
- three (3) written estimates from skilled workmen or contractors with the appropriate skills;
- proof of ownership of the house; and
- the verifications required to establish categorical and financial eligibility if the EA household is not composed solely of AFDC and SSI recipients.

(B) The Department must be permitted to take a lien on the property. The applicant or recipient must be informed that the lien will be discharged when the Department receives the amount specified on the lien for the repairs. (S)he must also be informed that if the money is not repaid prior to the sale of the property, the lien must be discharged at the time of sale.

Complete 3 copies of the NFL-16.

If the request was made in person, have the applicant sign the EA-5R and give him or her 1 copy of the NFL-16. File 1 copy in the case record, and 1 copy in the tickler file.

If the request was made over the phone or by mail, inform the applicant that the EA-5R must be signed and returned to the office together with the verification(s) indicated on the NFL-16. Mail the EA-5R together with 1 copy of the completed NFL-16 to the applicant or recipient within 3 calendar days of the request. File 1 copy in the case record, and 1 copy in the tickler file.

Step 3: Determine whether the household has received EA assistance for home repairs at any time after 1/17/80.

If not, proceed to Step 4 if the case involves an application or Step 7 if it is a request for additional benefits.

If the household has received assistance for home repairs at any time after 1/17/80, deny the request (manual citation is 309.050(C)(2)).

Step 4: If the verification outlined in Step 2 is provided within 30 days of the date of notification (NFL-16), go to Step 5.

Note: The Department Service delivery time for the benefit(s) requested is extended by the number of days the applicant or recipient is late in providing the required verification(s). In instances where the client provides verification in less time than the recipient standard requires, the Department still has the full amount of time listed in the Department Service Delivery Time standard to process the request.

If the required verification is not provided within 30 days of the date of notification, deny the application (manual citation is 301.520(D)). Go to Step 13.

Step 5: Determine whether the EA householdis composed solely of AFDC and SSI recipients.

If so, go to Step 8.

If not, go to Step 6.

Step 6: Determine whether the EA household meets

- categorical requirements(see CAG 6202: Determining Categorical Eligibility); and
- financial eligibility requirements (see CAG 6203: Determining Financial Eligibility).

If so, go to Step 8.

If not, deny the application (manual citation is 309.020). Go to Step 13.

Step 7: If the recipient provides the verification outlined in Step 2 to allow sufficient time for authorizing the benefit(s) within the 30 day authorization period, go to Step 8.

Note: The Department service delivery time for the benefit(s) requested is extended by the number of days the applicant or recipient is late in providing the required verification(s). In instances where the client provides verification in less time than the recipient standard requires, the Department still has the full amount of time listed in the Department Service Delivery Time standard to process the request.

If the verification is not provided, or is not provided in time to allow authorization within the 30 day period, deny the request (manual citation is 309.020). Go to Step 13.

Step 8: Determine whether the household will have to move to rental quarters unless repairs are made.

If so, proceed to Step 9.

If not, deny the request (manual citiation is 309.050(c)(2)(b)). Go to Step 13.

Step 9: Have the applicant or recipient sign the lien form (Form EA-2) in the presence of a notary public. If there is no notary public at the CSAO/WSO, the applicant or recipient must supply a notarized signature.

If (s)he submits Form EA-2, go to Step 10.

If (s)he refuses to sign Form EA-2, deny the request (manual citation is 309.050(C)(2)(d)). Go to Step 13.

Step 10: Submit a written request for authorization of the home repairs to the WSO/CSAO Director as soon as the items listed below are received.

- the verification from the Board of Health or Code Enforcement Agency;
- the 3 written estimates; and
- the lien form (Form EA-2)

Step 11: If the Director approves the authorization, go to Step 12.

If not, deny the request (manual citation 309.050(C)(2). Go to Step 13.

Step 12: Determine the benefits for which the household is eligible, and authorize payment, if any. See CAG 6204: Determining the Amounts to be Authorized.

Note: If the result is $1500 or less, authorize payment in accordance with the procedures outlined in CAG 6208: Authorizing Vendor Payments.

If the result exceeds $1500, the worker and client must decide which repairs are to be covered by the EA payment. The allowabe EA payment can be authorized only if it is enough to make the home habitable or the recipient can use the EA payment in conjunction with payment from another source to make the home habitable.

If repairs will not avert the move, deny the request (manual citation 309.050 (C)(2)(b). Go to Step 13.

Step 13: To deny the request, complete 4 copies of the NFL-9; send 2 copies to the recipient, file one copy in the case record and file one copy in the tickler file.

6105 DEFECTIVE HOME SITUATION; MALFUNCTION OF ESSENTIAL APPLIANCES

Step 1: Determine whether Emergency Assistance is the appropriate mechanism for addressing the applicant's circumstances. If so, record the request, taking an application, if necessary; see CAG 6201: Responding to a Request for Benefits.

Step 2: Inform the applicant or recipient that (s)he must provide:

- the verifications required to establish categorical and financial eligibility if the EA household is not composed solely of AFDC and SSI recipients.
- if the appliance is totally inoperative, a written statement from a serviceperson within 4 days that the useful life of the appliance would be sufficiently extended to warrant the repair and an estimate of the cost of repair; or a written statement that the appliance is beyond repair.
- if the appliance is defective (partially inoperative) a written statement from a serviceperson within 8 days that the useful life of the appliance would be sufficiently extended to warrant the repair and an estimate of the cost of repair; or a written statement that the appliance is beyond repair.

Complete 3 copies of the NFL-16.

If the request was made in person, have the applicant sign the EA-5R and give him or her the original NFL-16. File 1 copy in the case record, and file 1 copy in the tickler file.

If the request was made over the phone or by mail, inform the applicant that the EA-5R must be signed and returned to the office together with the verification(s) indicated on the NFL-16. Mail the EA-5R together with 1 copy of the completed NFL-16 to the applicant or recipient within 3 calendar days of the request. File 1 copy in the case record, and file 1 copy in the tickler file.

If the case involves an initial request for benefits, go to Step 3.

If the case involves a request for additional benefits, go to Step 6.

Step 3: If the verification outlined in Step 2 is provided within 30 days of the date of notification (NFL-16), go to Step 4.

NOTE: The Department service delivery time for the benefit(s) requested is extended by the number of days the applicant or recipient is late in providing the required verification(s). In instances where the client provides verification in less time than the recipient standard required, the Department still has the full amount of time listed in the Department Service Delivery Time standard to process the request.

If the required verification is not provided within 30 days of the date of notification, deny the application (manual citation is 301.520(D)). Go to Step 8.

Step 4: Determine whether the EA household is composed _solely_ of AFDC and SSI recipients.

If so, go to Step 7.

If not, go to Step 5.

Step 5: Determine whether the EA household meets:

- categorical requirements (see CAG 6202: _Determining Categorical Eligibility_), and
- financial eligibility requirements (see CAG 6203: _Determining Financial Eligibility_).

If so, go to Step 7.

If not, deny the appliation (manual citation is 309.020). Go to Step 8.

Step 6: If the recipient provides the verification outlined in Step 2 with sufficient time to authorize the benefit(s) within the 30 day authorization period, go to Step 7.

Note: The Department service delivery time for the benefit(s) requested is extended by the number of days the applicant or recipient is late in providing the required verification(s). In instances where the client provides verification in less time than the recipient standard requires, the Department still has the full amount of time listed in the Department Service Delivery Time standard to process the request.

If the verification is not provided, or is not provided in time to allow authorization within the 30 day period, deny the request (manual citation is 309.020). Go to Step 8.

Step 7: Determine the benefits for which the household is eligible, and authorize payment, if any. See CAG 6204: _Determining the Amounts to be Authorized_.

Step 8: To deny the request, complete 4 copies of the NFL-9; send the original and one copy to the recipient, file one copy in the case record and file one copy in the tickler file.

6106 DEFECTIVE HOME SITUATION; LACK OF ESSENTIAL APPLIANCES

Step 1: Determine whether Emergency Assistance is the appropriate mechanism for addressing the applicant's circumstances. If so, record the request, taking an application, if necessary; see CAG 6201: Responding to a Request for Benefits.

Step 2: Inform the applicant or recipient that(s)he must provide within 12 days the verifications required to establish:

- categorical and financial eligibility if the EA household is not composed solely of AFDC and SSI recipients; and
- that the appliance(s) (s)he is requesting was provided by the landlord or other family who maintained the rental unit from which (s)he is moving; and
- that the landlord of the new unit does not supply the appliance(s).

Verification must take the form of an oral or written statement from the landlord, rental agent or family with whom the household has been living, and a statement from the landlord of the rental unit to which (s)he will be moving.

Complete 3 copies of the NFL-16.

If the request was made in person, have the applicant sign the EA-5R and give him or her the original NFL-16. File 1 copy in the case record, and file 1 copy in the tickler file.

If the request was made over the phone or by mail, inform the applicant that the EA-5R must be signed and returned to the office together with the verification(s) indicated on the NFL-16. Mail the EA-5R together with 1 copy of the completed NFL-16 to the applicant or recipient within 3 calendar days of the request. File 1 copy in the case record, and file 1 copy in the tickler file.

If the case involves an initial request for benefits, go to Step 3.

If the case involves a request for additional benefits, go to Step 6.

Step 3: If the verification outlined in Step 2 is provided within 30 days of the date of notification (NFL-16), go to Step 4.

Note: The Department service delivery time for the benefit(s) requested is extended by the number of days the applicant or recipient is late in providing the required verification(s).

In instances where the client provides verification in less time than the recipient standard requires, the Department still has the full amount of time listed in the Department Service Delivery Time standard to process the request.

If the required verification is not provided within 30 days of the date of notification, deny the application (manual citation is 301.520(D)). Go to Step 8.

Step 4: Determine whether the EA household is composed solely of AFDC and SSI recipients.

If so, go to Step 7.

If not, go to Step 5.

Step 5: Determine whether the EA household meets:

- categorical requirements (see CAG 6202: Determining Categorical Eligibility), and
- financial eligibility requirements (see CAG 6203: Determining Financial Eligibility).

If so, go to Step 7.

If not, deny the appliation (manual citation is 309.020). Go to Step 8.

Step 6: If the recipient provides the verification outlined in Step 2 with sufficient time to authorize the benefit(s) within the authorization period, go to Step 7.

Note: The Department service delivery time for the benefit(s) requested is extended by the number of days the applicant or recipient is late in providing the required verification(s). In instances where the client provides verification in less time than the recipient standard requires, the Department still has the full amount of time listed in the Department Service Delivery Time standard to process the request.

If the verification is not provided, or is not provided in time to allow authorization within the 30 day period, deny the request (manual citation is 309.020). Go to Step 8.

Step 7: Determine the benefits for which the household is eligible, and authorize payment, if any. See CAG 6204: Determining the Amounts to be Authorized.

Step 8: To deny the request, complete 4 copies of the NFL-9; send 2 copies to the recipient, file one copy in the case record and file one copy in the tickler file.

6107 IMMINENT EVICTION

Step 1: Determine whether Emergency Assistance is the appropriate mechanism for addressing the applicant's circumstances. If so, record the request, taking an application, if necessary; see CAG 6201: Responding to a Request for Benefits.

Step 2: Inform the applicant or recipient that (s)he must provide, within 4 days:

- the verifications required to establish categorical and financial eligibility if the EA household is not composed solely of AFDC and SSI recipients; and
- in the case of a renter, a copy of either the agreement between the landlord and the tenant filed with the court, or the judgment entered by the court, or permission for a collateral contact to confirm that an agreement has been filed or a judgment entered (such as a phone call to the court). The agreement between the landlord and tenant may be a stipulation of dismissal, an agreement for judgment or any other type of agreement that affects the status of the eviction proceedings; and
- in the case of a home owner, verification that the mortgage holder has initiated foreclosure proceedings or is intending to do so; and
- copies of the unpaid (or partially paid) rent or mortgage bills or a statement from the landlord or mortgage holder of the household's record of payment; and
- a written agreement from the landlord or mortgage holder, or permission for a collateral contact to confirm an oral agreement which will be put in writing at a later date, ensuring that:
    - Eviction or foreclosure proceedings will be terminated on or before receipt of the EA payment; and
    - Eviction or foreclosure proceedings will not be reinstituted on the basis of any remaining, as distinguished from subsequently incurred, obligations.

NOTE: When necessary, the worker must assist the household and landlord or mortgage holder in reaching an agreement.

Complete 3 copies of the NFL-16.

If the request was made in person, have the applicant sign the EA-5R and give him or her the original NFL- 16. File 1 copy in the case record and file 1 copy in the tickler file.

If the request was made over the phone or by mail, inform the applicant that the EA-5R must be signed and returned to the office together with the verification(s) indicated on the NFL-16. Mail the EA-5 together with 1 copy of the completed NFL-16 to the applicant or recipient within 3 calendar days of the request. File one copy in the case record and one copy in the tickler file.

Note: In most cases, the applicant or recipient will need to know the amount of assistance (s)he may receive, if determined eligible, in order to negotiate an agreement with his or her landlord or mortgage holder. Therefore, the worker should carry out Steps 5 and 7 as an estimate before the applicant or recipient leaves the CSAO/WSO, or as soon as possible thereafter.

If the case involves an initial request for benefits, go to Step 3.

If the case involves a request for additional benefits, go to Step 6.

Step 3: If the verification outlined in Step 2 is provided within 30 days of the date of notification (NFL-16), go to Step 4.

Note: The Department service delivery time for the benefit(s) requested is extended by the number of days the applicant or recipient is late in providing the required verification(s). In instances where the client provides verification in less time than the recipient standard required, the Department still has the full amount of time listed in the Department Service Delivery Time standard to process the request.

If the required verification(s) is not provided within 30 days of the date of notification, deny the application (manual citation is 301.520 (D)). Go to Step 8.

Step 4: Determine whether the EA household is composed solely of AFDC and SSI recipients.

If so, go to Step 7.

If so, go to Step 5.

Step 5: Determine whether the EA household meets

- categorical requirements (see CAG 6202: Determining Categorical Eligibility); and
- financial eligibility requirements (see CAG 6203: Determining Financial Eligibility).

If so, go to Step 7.

If not, deny the application (manual citation is 309.020). Go to Step 8.

Step 6: If the recipient provides the verification outlined in Step 2 with sufficient time to authorize the benefit(s) within the 30 day authorization period, go to Step 7.

Step 7: Determine the benefits for which the household is eligible, and authorize payment, if any. See CAG 6204: Determining the Amounts to be Authorized.

Step 8: To deny the request, complete 4 copies of the NFL-9; send 2 copies to the recipient, file one copy in the case record and file one copy in the tickler file.

M
W

6108 UTILITY SHUT-OFF (FOR REQUESTS PROCESSED AFTER 6/30/80)

Step 1: Determine whether Emergency Assistance is the appropriate mechanism for addressing the applicant's circumstances. If so, record the request, taking an application, if necessary; see CAG 6201: Responding to a Request for Benefits.

Step 2: Inform the applicant or recipient that (s)he must provide, within 4 days:

- the verifications required to establish categorical and financial eligibility if the EA household is not composed solely of AFDC recipients; and
- the unpaid (or partially paid) utility bills.
- Form EA-4 (Agreement of Vendor to Continue or Resume Utility Service) completed and signed by his or her utility company; or
- Permission for a collateral contact to confirm an oral agreement from the utility company to sign EA-4 at a later date.

Where necessary, the worker must assist the household and vendor in reaching an agreement.

Complete 3 copies of the NFL-16, inserting the appropriate code(s) for the benefit(s) requested.

If the request was made in person, have the applicant sign the EA-5 and give him or her 1 copy of the NFL-16. Give the original NFL-16 to the control clerk and file 1 copy in the case record.

If the request was made over the phone or by mail, inform the applicant that the EA-5 must be signed and returned to the office together with the verification(s) indicated on the NFL-16. Mail the EA-5 together with 1 copy of the completed NFL-16 to the applicant or recipient within 3 calendar days of the request. Give the original NFL-16 to the data control clerk and file 1 copy in the case record.

Note: In most cases the applicant or recipient will need to know the amount of assistance (s)he may receive, if determined eligible, in order to negotiate an agreement with his or her utility company. Therefore, the worker should carry out Steps 5 and 7 as an estimate before the applicant or recipient leaves the CSAO/WSO, or as soon as possible thereafter.

If the case involves an initial request for benefits, go to Step 3.

If the case involves a request for additional benefit, go to Step 6.

Step 3: If the verification outlined in Step 2 is provided within 30 days of the date of initial application, go to Step 4.

Note: The Department service delivery time for the benefit(s) requested is extended by the number of days the applicant or recipient is late in providing the required verification(s). In instances where the client provides verification in less time than the recipient standard requires, the Department still has the full amount of time listed in the Department Service Delivery Time standard to process the request.

If the required verification is not provided within 30 days, deny the application (manual citation is 301.520(D)).

Step 4: Determine whether the EA household is composed solely of AFDC recipients.

If so, go to Step 7.

If not, go to Step 5.

Step 5: Determine whether the EA household meets

- categorical requirements (see CAG 6202: Determining Categorical Eligibility), and
- financial eligibility requirements (see CAG 6203: Determining Financial Eligibility).

If so, go to Step 7.

If not, deny the application (manual citation is 309.020). Go to Step 8.

Step 6: If the recipient provides the verification outlined in Step 2 with sufficient time to authorize the benefit(s) within the 30 day authorization period, go to Step 7.

Note: The Department service delivery time for the benefit(s) requested is extended by the number of days the applicant or recipient is late in providing the required verification(s). In instances where the client provides verification in less time than the recipient standard requires, the Department still has the full amount of time listed in the Department Service Delivery Time Standard to process the request.

If the verification is not provided, or is not provided in time to allow authorization within the 30 day period, deny the request(manual citation 309.020). Go to Step 8.

Step 7: Determine the benefits for which the household is eligible, and authorize payment, if any. See CAG 6204: Determining the Amounts to be Authorized.

Step 8: To deny the request, complete 4 copies of the NFL-9; send 2 copies to the recipient, file one copy in the case record and file one copy in the tickler file.

6109: NON-DELIVERY OF FUEL

Step 1: Determine whether Emergency Assistance is the appropriate mechanism for addressing the applicant's circumstances. If so, record the request, taking an application, if necessary; see CAG 6201: Responding to a Request for Benefits.

Step 2: Inform the applicant or recipient that (s)he must provide, within 4 days:

- the verifications required to establish categorical and financial eligibility if the EA household is not composed solely of AFDC and SSI recipients;
- verification that the dealer has refused to provide fuel to the household; and
- verification that the dealer has agreed to deliver fuel on or before receipt of the EA payment. This verification must take the form of a written agreement or an oral agreement to place the understanding in writing.

NOTE: Fuel needs covered in the Excess Shelter Costs component may arise even though the household owes no money to the dealer. Calculation of the allowable benefit in such cases is discussed in CAG 6205: Determining Allowable Benefits for Excess Shelter Costs. When necessary, the worker must assist the household and vendor in reaching an agreement.

Complete 3 copies of the NFL-16.

If the request was made in person, have the applicant or recipient sign the EA-5R and give him or her the original of the NFL-16. File 1 copy of the NFL-16 in the case record and file 1 copy in the tickler file.

If the request was made over the phone or by mail, inform the applicant that the EA-5R must be signed and returned to the office together with the verification(s) indicated on the NFL-16. Mail the EA-5R together with the original of the completed NFL-16 to the applicant or recipient within 3 calendar days of the request. File 1 copy in the case record and file 1 copy in the tickler file.

NOTE: In most cases the applicant or recipient will need to know the amount of assistance (s)he may receive, if determined eligible, in order to negotiate an agreement with his or her utility company. Therefore, the worker should carry out Steps 5 and 7 as an estimate before the applicant or recipient leaves the CSAO/WSO, or as soon as possible thereafter.

If the case involves an initial request for benefits, go to Step 3.

If the case involves a request for additional benefits, go to Step 6.

Step 3: If the verification outlined in Step 2 is provided within 30 days of the date of notification, (NFL-16), go to Step 4.

NOTE: The Department service delivery time for the benefit(s) requested is extended by the number of days the applicant or recipient is late in providing the required verification(s). In instances where the client provides verification in less time than the recipient standard requires, the Department still has the full amount of time listed in the Department Service Delivery Time standard to process the request.

If the required verification is not provided within 30 days, of the date of notification, deny the application (manual citation is (301.520(D)). Go to Step 8.

Step 4: Determine whether the EA household is composed solely of AFDC and SSI recipients.

If so, go to Step 7.

If not, go to Step 5.

Step 5: Determine whether the EA household meets

- categorical requirements (see CAG 6202: Determining Categorical Eligibility), and
- financial eligibility requirements (see CAG 6203: Determining Financial Eligibility).

If so, go to Step 7.

If not, deny the application (manual citation is 309.020). Go to Step 8.

Step 6: If the recipient provides the verification outlined in Step 2 with sufficient time to authorize the benefit(s) within one 30 day authorization period, go to Step 7.

NOTE: The Department service delivery time for the benefit(s) requested is extended by the number of days the applicant or recipient is late in providing the required verification(s). In instances where the client provides verification in less time than the recipient standard requires, the Department still has the full amount of time listed in the Department Service Delivery Time Standard to process the request

If the verification is not provided, or is not provided in time to allow authorization within the 30 day period, deny the request (manual citation 309.020). Go to Step 8.

Step 7: Determine the benefits for which the household is eligible, and authorize payment, if any. See CAG 6204: Determining the Amounts to be Authorized.

Step 8: To deny the request, complete 4 copies of the NFL-9; send 2 copies to recipient. File 1 copy in the case record and file one copy in the tickler file.

6111: NATURAL DISASTER

Natural Disasters include hurricanes, tornadoes, earthquakes, fires and floods. It does not include man-made floods such as those caused by broken pipes.

The following portions of this section list the benefits available under EA as a result of a Natural Disaster, the verifications needed and the time frames for applicant and Department action.

If the applicant is making a request as a result of a fire, you must complete an EA-9 and the applicant must sign it. A copy of the form remains in the case record. The original must be sent to: Assignment Collection Unit, Office of Finance, 5th floor, 600 Washington St., Boston, Mass. 02111. See 5705: Assignment of Potential Insurance Recovery.

If the applicant is requesting a security deposit, you must complete an EA-10 and the landlord must sign it. See 5706: Agreement to Return Security Deposit. The landlord must return the security deposit to the CSAO/WSO, which must forward the check to Central Office. The collection transmittal sheet must indicate that the check represents return of a security deposit.

An unsalvageable refrigerator, cooking stove and/or hot water heater can not be replaced if the Natural Disaster is of such severity that the household does not have to move and if the landlord furnished the item. If the landlord did not furnish the item, it can be replaced. If the Natural Disaster is of such severity that the household must move, a refrigerator, a cooking stove, and/or a hot water heater can be authorized if the item is not supplied by the new landlord.

Consult 6132: Authorizing Emergency Shelter in cases in which Emergency Shelter is being requested.

Manual Citation: 309.040.

6111-2: NATURAL DISASTER

BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (if Verification is timely) FROM DATE OF REQUEST FOR SERVICE
*Kitchen** $107 for a family of 4 or fewer. $23 for each additional member.	- Documentation in the case record that a home visit has shown that the item is not salvageable. - In the case of a fire: 1) A fire department report signed by a superior officer (lieutenant or above) and 2) Assignment of insurance benefits in the case of tenancy in a multi-unit dwelling.	4	7 ***
*Bedroom** $175 for each individual	SAME AS ABOVE	4	7 ***
*Refrigerator - when not furnished by landlord $224 for a family of 5 or fewer. $308 for a family over 5	SAME AS ABOVE	4	7 ***
*Cooking Stove $229 plus installation, when necessary.	SAME AS ABOVE	4	7 ***
*Hot Water Heaters $191 Installed when not furnished by landlord.	SAME AS ABOVE	4	7 ***

*Replacement will not be made for items which are only smoke damaged and remain usable.
**The applicant or recipient may spend these allotments as (s)he sees fit for the type of room.
***The benefit must be provided sooner when serious and imminent risk to the health and safety of the household exists.

6111-3: NATURAL DISASTER

BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (If Verification is timely) FROM DATE OF REQUEST FOR SERVICE
*Household Equipment and Supplies $68 for each of first 2 people. $23 for each additional member.	SAME AS ABOVE	4	7***
Food - The amount for food listed in Section 4360 multiplied by the number of household members.	-Documentation in the case record that a home visit has shown the need for food. -In case of fire, assignment of insurance benefit in the case of tenancy in a multiunit dwelling	4	7***
Clothing - $80.90 for each household member regardless of the amount authorized by any other organization.	-Documentation in the case record that a home visit has shown the need for clothing. -In the case of fire, assignment of insurance benefits in the case of tenancy in a multiunit dwelling	4	7***
Moving Expenses - actual cost incurred or $150, whichever is less.	-Documentation in the case record that a home visit has shown that the disaster was of such severity that the household must move. -In the case of fire 1) A fire department report signed by a superior officer (lieutenant or over) and 2) assignment of insurance benefits in the case of tenancy in a multiunit dwelling.	12	21
Security Deposit - not to exceed one month's rent***	Same as above, and in addition, written confirmation from new landlord.	12	21

* Replacement will not be made for items which are only smoke damaged and remain usable.

** The landlord must agree to return the security deposit to MDPW.

*** The benefit must be provided sooner when serious and imminent risk to the health and safety of the household exists.

6111-4: NATURAL DISASTER

BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (If Verification is timely) FROM DATE OF REQUEST FOR SERVICE
Advance Rent	- Documentation in the case record that a home visit has shown that the disaster was of such severity that the household must move. -In the case of fire: 1) A fire department report signed by a superior officer (lieutenant or above) and 2) assignment of insurance benefits in the case of tenancy in a multiunit dwelling. -Verbal/written confirmation from new landlord.	12	21
Emergency Shelter - least costly accommodation in the area, for 21 days only with the approval of the CSAO Director or designee	-Documentation in the case record that a home visit has shown that the disaster was of such severity that the household can not remain in the home. -In the case of fire, assignment of insurance benefits in the case of tenancy in a multiunit dwelling. -Verbal/written statement of efforts to obtain housing.	2	7*

*The benefit must be provided sooner when serious and imminent risk to the health and safety of the household exists.

6112: EVICTIONS

The reverse lists the benefits available under EA when an eviction has occurred or is about to occur, the verifications necessary and the time frames for applicant and Department action.

If the applicant is requesting a security deposit, you must complete an EA-10 and the landlord must sign it. See 5706: Agreement to Return Security Deposit. The landlord must return the security deposit to the CSAO/WSO which must forward the check to Central Office. The collection transmittal sheet must indicate that the check represents return of a security deposit.

Consult 6132: Authorizing Emergency Shelter in cases in which Emergency Shelter is being requested.

Manual Citation: 309.050(A)

6112-2: EVICTIONS

BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (If Verification is timely) FROM DATE OF REQUEST FOR SERVICE
Advance Rent	-Proof that foreclosure has occurred or proof of the execution of judgment of eviction. -Verbal/written confirmation from new landlord.	12	21
Security Deposit* Not to exceed one month's rent	-Proof that foreclosure has occurred or proof of the execution of judgment of eviction. Written confirmation from new landlord.	12	21
Moving Expenses - actual cost incurred or $150, whichever is less.	-Proof that foreclosure has occurred or proof of the execution of judgment of eviction.	12	21
Emergency Shelter - least costly accommodation in the area for 21 days only with the approval of the CSAO Director or designee.	Proof that foreclosure has occurred or proof of the execution of judgment of eviction. -Verbal/written statement of efforts to obtain housing.	2	7 **

*The landlord must agree to return the security deposit to MDPW.

**The benefit must be provided sooner when serious and imminent risk to the health and safety of the household exists.

6113: UNINHABITABLE DWELLING

The reverse lists the benefits available under EA when a household's dwelling is uninhabitable or condemned, the verifications necessary and the time frames for applicant and Department action.

If the applicant is requesting a security deposit, you must complete an EA-10 and the landlord must sign it. See 5706: Agreement to Return Security Deposit. The landlord must return the security deposit to the CSAO/WSO which must forward the check to Central Office. The collection transmittal sheet must indicate that the check represents return of a security deposit.

Consult 6132: Authorizing Emergency Shelter in cases in which Emergency Shelter is being requested.

Manual Citation: 309.050(B)

6113-2: UNINHABITABLE DWELLING

BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (if Verification is timely) FROM DATE OF REQUEST FOR SERVICE
Advance Rent	-Board of Health or Code Enforcement Agency verification. -Verbal/Written confirmation from new landlord.	12	21
Security Deposit - not to exceed one months rent*	-Board of Health or Code Enforcement Agency verification -Written confirmation from new landlord.	12	21
Moving Expenses - actual cost incurred or $150 whichever is less.	- Board of Health or Code Enforcement Agency verification.	12	21
Emergency Shelter - least costly accommodation in the area, for 21 days only with the approval of the CSAO Director or designee	-Board of Health or Code Enforcement Agency verification. -Verbal/written statement of efforts to obtain housing.	2	7 **

* The landlord must agree to return the security deposit to M.D.P.W.

**The benefit must be provided sooner when serious and imminent risk to the health and safety of the household exists.

6114: HOMELESSNESS

Emergency Shelter under Homelessness is available to a household which has been rendered homeless for any reason other than Natural Disaster, Evictions or Uninhabitable Dwelling. The reverse describes Emergency Shelter benefits available under Homelessness the verifications necessary and the time frames for applicant and Department action.

Consult 6132: Authorizing Emergency Shelter.

Manual Citation: 309.050(C)

6114-2 HOMELESSNESS

BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (if Verification is timely) FROM DATE OF REQUEST FOR SERVICE
Emergency shelter - least costly accommodation in the area, for 21 days only with the approval of the CSAO Director or designee	-Written statement signed by applicant that the household has been rendered homeless and the reason for the homelessness.	2	7*

* The service must be provided sooner when serious and imminent risk to the health and safety of the household exists.

6115: APPLIANCE REPAIR

Repair of a refrigerator, a cooking stove and/or a hot water heater is available under EA. The reverse describes the benefits available, the verifications necessary and the time frames for applicant and Department action.

Manual Citation: 309.050(D)

6115-2: APPLIANCE REPAIR

BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (If Verification is timely) FROM DATE OF REQUEST FOR SERVICE
Repair of a refrigerator - the amount authorized can not exceed $100.	- Written statement from a skilled service person that the life or usefulness of the appliance will be sufficiently extended. - Statement from landlord that he or she does not supply a refrigerator.	Defective 8 Inoperative 4	Defective 14 Inoperative 7
Repair of a cooking stove - the amount authorized can not exceed $100.	SAME AS ABOVE	Defective 8 Inoperative 4	Defective 14 Inoperative 7
Repair of a hot water heater - the amount authorized can not exceed $100	SAME AS ABOVE	Defective 8 Inoperative 4	Defective 14 Inoperative 7

NOTE: Defective appliances are those which continue to function but need repair. Inoperative appliances are those which have ceased to function.

6116: IMMINENT EVICTION

A voucher for shelter arrearage is available under EA. The reverse describes the benefit available, the verifications necessary and the time frames for applicant and Department action.

For the written agreement, the EA-7, between the applicant and the landlord or mortgage holder see 5702: Agreement of Landlord or Mortgage Holder to Terminate Eviction or Foreclosure Proceedings. The worker must complete the form through the first paragraph before it is signed. In completing that portion of the form, the worker must determine the amount that will be authorized if the applicant is eligible, so that an agreement between the applicant and the landlord or mortgage holder can be negotiated.

Unless the worker is otherwise instructed by the director, proof that a CAP application had been established through an EA-11. See 5707: Home Energy Program. The worker must complete the form to the dotted line. Complete Section I if the applicant is a recipient of AFDC, GR or Refugee Program. Complete Section II if the applicant is not. The applicant must sign the statement following the dotted line and the worker must sign it as a witness.

The worker must process the application immediately without waiting for the return of the EA-11 from CAP if necessary to avoid any serious and imminent risk to the health and safety of any member of the household. The worker must process the application within 7 days of the request regardless of whether CAP has responded.

If the CAP agency assists the household in meeting the emergency before an EA authorization is made, the emergency nature of the situation must be reevaluated.

Manual Citation: 309.050(E)(1)

6116-2: IMMINENT EVICTION

BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (if Verification is timely) FROM DATE OF REQUEST FOR SERVICE
Voucher for Shelter arrearage for the actual amount owed.	-In the case of renter's proof that the household has been served with a notice to quit or a writ of summary process or, in units subject to rent control a notice to quit or a certificate of eviction from the local rent control board. -In the case of homeowners, proof that the mortgage holder has initiated foreclosure proceedings or has notified the household of its intent to do so. -Written agreement between the applicant and the landlord or mortgage holder that: 1) eviction or foreclosure proceedings will be terminated before or upon receipt of the EA payment and 2) that eviction or foreclosure proceedings will not be reinstated on the basis of any remaining obligations. -Unpaid (or partially paid) rent or mortgage bills or statements from landlord. -Proof that a CAP application has been made.	4	7*

* The service must be provided sooner when serious and imminent risk to the health and safety of the household exists.

6117: UTILITY SHUTOFF

A voucher for utility arrearage is available under EA. Utilities include only gas and electricity. The reverse describes the benefit available, the verifications necessary and the time frames for applicant and Department action.

For the written agreement between the applicant and the utility company, the EA-4 see 5703: Agreement of Vendor to Continue or Resume Utility Service. The worker must complete the form through the first paragraph before it is signed. In completing that portion of the form, the worker must determine the amount that will be authorized if the applicant is eligible so that an agreement between the applicant and utility company can be negotiated.

Unless the worker is otherwise instructed by the director, proof that a CAP application has been made is established through an EA-11. See 5707. Home Energy Program. The worker must complete the form to the dotted line. Complete Section I if the applicant is s recipient of AFDC, GR or a Refugee Program Complete Section II if the applicant is not. The applicant must sign the statement following the dotted line and the worker must sign it as witness.

The worker must process the application immediately without waiting for the return of the EA-11 from CAP if necessary to avoid any serious and imminent risk to the health and safety of any member of the household. The worker must process the application within 7 days of the request regardless of whether CAP has responded.

If the CAP agency assists the household in meeting the emergency before an EA authorization is made, the emergency nature of the situation must be reevaluated.

Manual Citation: 309.050(E)(2)

6117-2: UTILITY SHUTOFF

BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (If Verification is timely) FROM DATE OF REQUEST FOR SERVICE
Voucher for utility arrearage for the actual amount owed or $250, whichever is less. The amount authorized for the combination of gas, electricity and fuel can not exceed $250.	-Notice of intended shutoff or verbal confirmation of threatened or actual shut-off. -Written agreement between the applicant and the utility company that 1) service will be continued or restored before or upon receipt of the EA payment and 2) service will not be terminated on the basis of any remaining obligations. -Unpaid (or partially paid) utility bills. -Proof that a CAP application has been made.	4	7 *

* The service must be provided sooner when serious and imminent risk to the health and safety of the household exists.

6118: NON DELIVERY OF FUEL

A voucher for fuel arrearage is available under EA. The reverse describes the benefit available, the verifications necessary and the time frames for applicant and Department action.

For the written agreement, the EA-8 between the applicant and the dealer see 5704: Agreement of Dealer to Deliver Fuel. The worker must complete the form through the first paragraph before it is signed. In completing that portion of the form, the worker must determine the amount that will be authorized if the applicant is eligible so that an agreement between the applicant and the dealer can be negotiated.

Unless the worker is otherwise instructed by the director, proof that a CAP application has been made is established through an EA-11. See 5707: Home Energy Program. The worker must complete the form to the dotted line. Complete Section I if the applicant is a recipient of AFDC, GR or a Refugee Program. Complete Section II if the applicant is not. The applicant must sign the statement following the dotted line and the worker must sign it as witness.

The worker must process the application immediately without waiting for the return of the EA-11 from CAP if necessary to avoid any serious and imminent risk to the health and safety of any member of the household. The worker must process the application within 7 days of the request regardless of whether CAP has responded.

If the CAP agency assists the household in meeting the emergency before an EA authorization is made, the emergency nature of the situation must be reevaluated.

Manual Citation: 309.050(E)(3)

6118-2: NON DELIVERY OF FUEL

BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (if Verification is timely) FROM DATE OF REQUEST FOR SERVICE
Voucher for fuel payment for the actual amount owed or $250, whichever is less. The amount authorized for the combination of gas, electricity and fuel can not exceed $250.	-Written proof that the dealer has refused to provide fuel to the household. -Written agreement between the applicant and the utility company that 1) the dealer has agreed to deliver fuel on or before receipt of EA payment and 2) fuel delivery will not be discontinued on the basis of remaining obligations. -Proof that a CAP application has been made.	4	7 *

* The service must be provided sooner when serious and imminent risk to the health and savety of the household exists.

6121: DETERMINING CATEGORICAL ELIGIBILITY

Before categorical eligibility for EA can be determined, you must first determine who the members of the EA household are. The members of the EA household are:

- the needy child; and
- all of the individuals who live with the needy child and who are related to the child in the following ways.
  - (1) A blood relative, including a mother, father, sister, brother, niece, nephew, aunt, uncle, or first cousin, or any of these relatives of the preceding generations as denoted by prefixes of grand, great, or great-great. (Second and third cousins are not included under this definition. Blood relatives include those of half-blood).
  - (2) A stepfather, a stepmother, stepbrother, or stepsister.
  - (3) A parent by legal adoption or any of the adopting parent's blood relatives as defined above, natural children, or adopted children.
  - (4) A spouse of any person named above even if the marriage has been terminated by death or divorce.

The needy child can not be an unborn child nor can the needy child be a child who is in foster care. An SSI recipient can be a needy child.

The information you need to determine EA categorical eligibility is in Section II of the EA-6, the EA Application and Worksheet.

In some cases, verification of categorical information may be necessary. If verification is necessary, be sure to note it on the NFL-16.

All of the following must be true for the household to be categorically eligible for EA.

- The needy child must be under 21.
- The child is living with at least 1 person related to him or her in one of the ways described above.
- The needy child himself or herself is the applicant and was living with at least 1 person related to him or her in one of the ways described above within the past 6 months.
- The child's need did not arise because a relative with whom the child lives (or if the child is 16 or over, the child) refuses without good cause to accept employment or training for employment and this refusal caused the household's current need for EA.

If all of the above are true, proceed to 6122: Determining Financial Eligibility: Assets. If one or more of the above are not true, return to 6103, Step 7 for instructions for denying the request.

6122: DETERMINING FINANCIAL ELIGIBILITY: ASSETS

To be financially eligible with respect to assets a household's assets must not exceed $250. The asset limit in AFDC is $1,000. The assets counted in EA are the same assets which are counted in AFDC (See CAG 4210: Countable and Non-Countable Assets for the assets counted in AFDC) with one exception. Proceeds from the sale of a home or proceeds from insurance for a destroyed home are counted in EA.

The information you need to determine a household's financial eligibility with respect to assets is in the following two places.

- The asset sections of the AP-2 for household members who are recipients of AFDC; and
- Section III of the EA-6 for household members who are not recipients of AFDC.

Verification of asset value is necessary if the household has assets. If verification is necessary, be sure to note it on the NFL-16.

To calculate financial eligibility with respect to assets, use Section V of the EA-6. Enter the assets of all members of the household who are AFDC recipients (from the AP-2). Enter the assets of all the members of the household who are not AFDC recipients. This amount is arrived at by totaling the amount of assets listed in Section III of the EA-6. Total the two amounts.

If the total is less than or equal to $250, the household is financially eligible with respect to assets. Proceed to 6123: Determining Financial Eligibility: Income.

If the total is greater than $250, the household is ineligible. Return to 6103, Step 7 for instructions for denying the request.

A household which is ineligible because its assets are greater than $250 may make another request. If its assets are equal to or less than $250 at that time, the household will be financially eligible with respect to assets provided that the applicant verifies how the excess assets have been spent.

6123: DETERMINING FINANCIAL ELIGIBILITY: INCOME

To be financially eligible for EA with respect to income, the household's gross income must be less than or equal to the AFDC Eligibility Standard (150% of the Standard of Assistance) for a unit of that size in accordance with CAG 4140: Eligibility Standard and Standard of Assistance.

The types of income counted in EA are the same types of income counted in AFDC, that is, all income is counted unless specified in CAG 4132: Non-Countable Income.

Consideration of income in EA, however, is not the same as for AFDC. EA has only one test of financial eligibility with respect to income. This test, the 150% test, compares the household's gross income to the AFDC Eligibility Standard which is 150% of the Standard of Assistance. Because EA does not require the Second Test of Financial Eligibility, more households will be eligible for EA than are eligible for AFDC.

The information you need to determine a household's financial eligibility with respect to income is in two places.

- The income portions of the AP-2 for household members who are recipients of AFDC; and
- Section III of the EA-6 for household members who are not on AFDC. Section lists sources of income. Verification of the amount of this income is discussed below.

Verifications of the amount of income of recipient household members can be found in the case record. Verification of the amount of non-earned income of non recipient household members must be obtained in accordance with procedures in 2120: Verification . In the case of earned income, 3 weeks of pay stubs must be used. Verification needed to determine financial eligibility with respect to income must be listed on the NFL-16.

To calculate financial eligibility with respect to income use Section V of the EA-6 in the same way as you would complete an HE-3. Section V, however, should be completed for the entire EA household. Section V is that portion of the HE-3 which contains the calculations necessary to perform the 150% Test. If the household receives any GR income, it must be entered as unearned income in C of Section V.

If the household's gross income is greater than the Eligibility Standard for a unit of the household's size, the household is ineligible. Return to 6103, Step 7 for instructions for denying the request.

If the household's gross income is equal to or less than the Eligibility Standard, the household is financially eligible with respect to income. Proceed to 6131: Determining the Amount to be Authorized.

If a situation occurs in which a vendor payment was authorized but should not be paid, you must initiate a check pull mechanism. You must inform the Director of the CSAO/WSO and he or she will complete the process. However, you must note in the case record when the stop in processing of a non-medical vendor payment occurs. Also, notify the transmittal clerk of the stop in processing.

6123: DETERMINING FINANCIAL ELIGIBILITY: INCOME

To be financially eligible for EA with respect to income, the household's gross income must be less than or equal to the AFDC Eligibility Standard (150% of the Need Standard) for a unit of that size in accordance with CAG 4140: Eligibility Standard, Need Standard and Payment Standard.

The types of income counted in EA are the same types of income counted in AFDC, that is, all income is counted unless specified in CAG 4132: Non-Countable Income.

Consideration of income in EA, however, is not the same as for AFDC. EA has only one test of financial eligibility with respect to income. This test, the 150% test, compares the household's gross income to the AFDC Eligibility Standard which is 150% of the Need Standard. Because EA does not require the Second Test of Financial Eligibility, more households will be eligible for EA than are eligible for AFDC.

The AFDC grant amount is never counted as income in EA. An applicant EA household made up solely of AFDC recipients is financially eligible with respect to income. Therefore, calculation of financial eligibility with respect to income and completion of Section VI of the EA-6 is not necessary in this case.

For an applicant EA household which is made up of no AFDC recipients or is made up of AFDC and non AFDC recipients, you must calculate financial eligibility with respect to income in Section VI of the EA-6. The information you need is in two places.

- The income portions of the AP-1 or AP-2 for household members who are recipients of AFDC. Verifications of the amount of income can be found in the case record.
- Section III of the EA-6 for household members who are not on AFDC. This Section lists sources and amounts of income. Verification of the amount of this income is discussed below.

Verification of the amount of non-earned income of non recipient household members must be obtained in accordance with procedures in 2120: Verification. In the case of earned income, 3 weeks of pay stubs must be used. Verification needed to determine financial eligibility with respect to income must be listed on the NFL-16.

To calculate financial eligibility with respect to income use Section VI of the EA-6 in the same way as you would complete an HE-3. Section VI, however, should be completed for the entire EA household. Section VI is that portion of the HE-3 which contains the calculations necessary to perform the 150% Test. If the household receives any GR income, it must be entered as unearned income in C of Section VI.

If the household's gross income is greater than the Eligibility Standard for a unit of the household's size, the household is ineligible. Return to 6103, Step 7 for instructions for denying the request.

If the household's gross income is equal to or less than the Eligibility Standard, the household is financially eligible with respect to income. Proceed to 6131: Determining the Amount to be Authorized.

If a situation occurs in which a vendor payment was authorized but should not be paid, you must initiate a check pull mechanism. You must inform the Director of the CSAO/WSO and he or she will complete the process. However, you must note in the case record when the stop in processing of a non-medical vendor payment occurs. Also, notify the transmittal clerk of the stop in processing.

6131: DETERMINING THE AMOUNT TO BE AUTHORIZED

Because no dollar limit exists under Natural Disaster, the amount the worker should authorize for benefits under Natural Disaster is the same as the available benefit. If the EA request was made solely on the basis of Natural Disaster, proceed to 6133: Authorizing Vendor Payments.

The amounts to be authorized for benefits other than those available under Natural Disaster have a $500 total limit. In addition, the amount authorized for the combination of gas, electricity and fuel cannot exceed $250.

Calculate the amounts to be authorized by completing Section VII of the EA-6. Enter the benefits available for the item requested and for which necessary verification has been received. If the household had been authorized an EA benefit within the 30 day authorization period, enter the amount where indicated under available benefits. Total these amounts. If the sum is equal to or less than $500, the amounts to be authorized are the benefits available provided that the total of gas, electricity and fuel does not exceed $250. If items exceed $500, the amount authorized for one or more of the individual items must be lower than the corresponding benefit available. Enter all the amounts to be authorized within the 30-day period, and their total.

Proceed to 6133: Authorizing EA Vendor Payments.

6132: AUTHORIZING EMERGENCY SHELTER

The decision to authorize emergency shelter benefits must be made by the CSAO Director or a designee.

If emergency shelter is available and the household refuses to move into it, no eligibility for limited or continued emergency shelter exists.

The Department must make every effort to locate emergency shelter which will accommodate the entire household.

Worker's Responsibility

To enable the CSAO Director to reach his or her decision, the worker must submit to the CSAO Director a statement:

. describing the efforts the applicant or recipient and the CSAO/WSO have made to secure public or private housing or temporary residence with friends or relatives; and

. affirming that the household has not refused available alternative housing.

The CSAO/WSO's initial request and statements may be made orally but must be followed by a written request. The worker should proceed to determine the need for benefits other than emergency living arrangements and authorize them as appropriate.

CSAO Director's Responsibility

If, on the basis of the worker's statement and, if necessary, his or her own investigation, the CSAO Director determines that the request should be approved, he or she must take whatever steps are necessary to place the household in a shelter, hotel or motel, as well as to expedite the removal of the household from such facilities.

In doing so, the following requirements must be met:

. the emergency living arrangements authorized must be the least costly accommodation in the area; and

. the period of time covered by the authorization must be as short as possible, but may not extend beyond 21 days.

6133: AUTHORIZING EA VENDOR PAYMENTS

All EA services must be monitored for timely provision of service under the requirements of the Cornelius Consent Decree. The collection of the data required for monitoring is accomplished via the provider document (PA-33A or Turnaround Document). See CAG 4752: Monitoring of Time Standards.

> NOTE: All authorization for EA must be completed within the 30 consecutive day period following the date of first authorization of a benefit, as distinguished from the date of request. Authorizations may be completed for needs which arose before the 30-day period, or for needs which will extend beyond the 30-day period.

All EA benefits, with the sole exception of moving expenses, are to be provided in the form of vendor payments. The applicant or recipient must be given maximum opportunity to participate in the selection of vendors.

The payments made and vendors selected must be noted in the case record and approved by the Supervisor.

PA-33A Procedures

Complete a separate Form PA-33A, Authorization and Claim for Non-Medical Services, for each payment.

In the case of an invoice for an applicant or recipient family receiving Emergency Assistance a second time in the same 12 months because of a natural disaster, enter "Second EA" in the upper right corner.

Obtain the signature of the Supervisor prior to mailing or giving the form to the applicant or recipient.

The applicant or recipient must also sign the form, but should do so at the provider's place of business after the service has been rendered.

Under some circumstances, the amount authorized by vendor payment may not meet the full amount of a particular benefit(s). When authorizing partial payment(s) for household furniture and appliances, security deposit, advance rent, rent or mortgage debt, utility debt, and fuel payments, the following should be indicated on PA-33A under the section entitled "Approval is given for the following service or item for the above named person";

- the type of benefit;
- the total cost of the service or item; and
- the amount for which the client is responsible.

6133: AUTHORIZING EA VENDOR PAYMENTS

All applicant households approved for categorical and financial eligibility for EA, must be established on the Recipient Master File even if the applicant is not in receipt of any other form of assistance. Further, each time an additional EA benefit is authorized, the date of authorization must be entered on the Turnaround Document. The Turnaround Document Procedures below provide instructions in how to complete the SS9A-TD. By using file inquiry capability, a worker can determine the latest EA benefit authorization date.

All EA services must be monitored for timely provision of service under the requirements of the Cornelius Consent Decree. The collection of the data required for monitoring is accomplished via the provider document (PA-33A or Turnaround Document). See CAG 4752: Monitoring of Time Standards.

> NOTE: All authorizations for EA must be completed within the 30 consecutive day period following the date of first authorization of benefit, as distinguished from the date of request. Authorizations may be completed for needs which arose before the 30-day period, or for needs which will extend beyond the 30-day period.

All EA benefits, with the sole exception of first time moving expenses, are to be provided in the form of vendor payments. The applicant or recipient must be given maximum opportunity to participate in the selection of vendors.

The payments made and vendors selected must be noted in the case record and approved by the Supervisor.

PA-33A Procedures

Complete a separate Form PA-33A, Authorization and Claim for Non-Medical Services, for each payment.

In the case of an invoice for an applicant or recipient receiving Emergency Assistance a second time in the same 12 months because of a natural disaster, enter "Second EA" in the upper right corner.

Obtain the signature of the Supervisor prior to mailing or giving the form to the applicant or recipient.

The applicant or recipient must also sign the form, but should do so at the provider's place of business after the service has been rendered.

Under some circumstances, the amount authorized by vendor payment may not meet the full amount of a particular benefit(s). When authorizing partial payment(s) for household furniture and appliances, security deposit, advance rent, rent or mortgage debt, utility debt, and fuel payments, the following should be indicated on PA-33A under the section entitled "Approval is given for the following service or item for the above named person":

- the type of benefit;
- the total cost of the service or item; and
- the amount for which the recipient is responsible.

Turnaround Document Procedures

A Turnaround Document (SS9A-TD) must be completed for every approved EA application. Further, each time an EA benefit is authorized the date of authorization must be entered on a separate SS9A-TD, except when more than one benefit is authorized on the same day. In this situtation only one T.D. will be required.

For cases in receipt of cash assistance, Section VI of the SS9A-TD is completed A "U" transaction is entered in block 71 when the first EA benefit is authorized. The authorization date of the first benefit is entered in block 73. A dollar value must be entered in block 72. For most cases, that value will be $000.00 because Form PA-33A will contain the authorized dollar value. However, if the benefit is a moving expense, the actual dollar value of the moving payment will be entered.

The Cornelius data blocks (see CAG 4752) must also be completed.

For cases not in receipt of cash assistance, the SS9A-TD is completed by establishing the case on AFDC, Category -02, Action Reason - 03 -"Case approved for Emergency Assistance (EA)" and the number of payments is zero. The start date of the case is the date of the first authorization of an EA benefit. The amount of monthly payment will be $000.00 and the deductible income will equal the Payment Standard for the family size and the deductible Income Code (block 27) will be Z. Section VI and the Cornelius data blocks are completed in the same manner as for Cash Assistance Cases (see above).

Each time, in the 30 day period, an EA benefit is authorized, Section VI of the T.D. is completed by entering a "U" in block 71, $000.00 in block 72 and the authorization date of the benefit in block 73. The only exception to placing $000.00 in block 72 is when the worker is authorizing first time Moving Expense. In this situation an actual dollar value will be entered and a check will be computer generated. If more than one EA benefit is issued on the same day, only one SS9A-T.D. with a "U" transaction is required.

Cases established on the Recipient Master File for Emergency Assistance only must be date pended for closure and closed at the end of the 30 day EA eligibility period using Action Reason 70.

6201 RESPONDING TO A REQUEST FOR BENEFITS

Step 1: Record the applicant's name, address, telephone number and the date assistance was requested in the office log.

- If the applicant household has received authorization for EA benefits within the past 30 days, go to Step 2.
- If the applicant household has not received authorization for EA benefits within the past 30 days, go to Step 4.

Step 2: Determine whether a sufficient amount of time remains within the 30-day authorization period to allow the applicant to verify and the Department to authorize the benefit(s) requested before the end of the 30-day authorization period.

- If sufficient time does remain, go to Step 3.
- If sufficient time does not remain, deny the request (Manual Citation: 309.020). See Step 6 (denying a request).

Step 3: Complete Section I of the EA-5R. Go to Step 2 of the CSG which describes the household's situation for the procedures to be followed.

Step 4: Complete Section I of the EA-5R. Determine whether the household has received authorization for EA within the 12 months preceding the date of application. (Note: The date of application for EA is the date on which the application was signed or the request for assistance was logged, whichever is earlier.)

- If it has, and the current emergency for which the applicant is requesting benefits did not arise from a natural disaster, fire or flood, deny the application (Manual Citation: 309.020). See Step 6.
- If it has, but the current emergency for which the applicant is requesting benefits did arise from a natural disaster, fire or flood, go to Step 5.
- If it has not, go to Step 5.

Step 5: Determine whether the household is composed solely of AFDC and SSI recipients.

- If it is, the household is automatically categorically and financially eligible for EA and therefore it is not necessary to complete sections II through V of the EA-5R. Skip to Section VI of the the EA-5R and complete it by referencing the AFDC case record and questioning the recipient. Go to Step 2 of the CSG which describes the household's situation.

If it is not, go over sections II, III, IV and V of the EA-5R with the applicant, in order to complete as much as possible of the form and determine what verifications will be necessary to determine categorical and financial eligibility. Then return to Step 2 of the CSG which describes the household's situation.

Step 6: To deny the request, complete 3 copies of the NFL-16 and 4 copies of the NFL-9. Give (or send if the request was not made in person) the original NFL-16 and 2 copies of the NFL-9 to the applicant or recipient, file 1 copy of each in the case record and file 1 copy of each in the tickler file.

6202 DETERMINING CATEGORICAL ELIGIBILITY

In order to be categorically eligible for EA, the household must include a child under 21 years of age. An SSI recipient under 21 or an unborn child qualifies as a child under this requirement.

Unlike AFDC, the EA household includes all individuals in the home who are related to the child in any of the following ways:

- a blood relative including a mother, father, sister, brother, niece, nephew, aunt, uncle, or first cousin; or
- grandmother or grandfather
- a step-mother, step-father, step-brother, step-sister; or
- a parent by legal adoption or any of the adopting parents' blood relatives as defined above; or
- an adopting parent; natural or adopted children; or
- a spouse of any of the relatives listed above, even if the marriage terminated in death or divorce.

If all of the EA household members are on AFDC, the household automatically meets the categorical eligibility test for EA.

The following are the steps to follow in determining categorical eligibility when some or all of the EA household members are not on AFDC. If any of the information provided by the applicant during this process appears to be incomplete, inconsistent or contradictory, you should request verification or additional verification to resolve the issue.

Step 1: Determine whether a child under 21 years of age is living in the household, or within the past 6 months, was living with at least 1 person related to him or her in one of the ways described above (a child on SSI or an unborn child meets this requirement).

If so, proceed to Step 2.

If not, deny the application (manual citation: 309.020). Complete 4 copies of the NFL-9; send 2 copies to the applicant or recipient, file 1 copy in the case record and file 1 copy in the tickler file.

Step 2: Determine whether the only child under 21 in the household is in foster care.

If not, proceed to Step 3.

If so, deny the application (manual citation: 309.020). Complete 4 copies of the NFL-9; send 2 copies to the applicant or recipient, file 1 copy in the case record and file 1 copy in the tickler file.

Step 3: Determine whether the child's destitution arose because a relative with whom the child lives or, if (s)he is 16 or over, the child himself refused without good cause to accept employment or training for employment and this refusal caused the household's current need for EA.

If not, proceed to Step 4.

If so, deny the application (manual citiation: 309.020(C)). Complete 4 copies of the NFL-9; send 2 copies to the applicant or recipient, file 1 copy in the case record and 1 copy in the tickler file.

Step 4: The household meets the categorical eligibility requirements. Proceed according to the CSG which described the situation for which the applicant or recipient is requesting EA.

6203 DETERMINING FINANCIAL ELIGIBILITY

In order to be financially eligible for EA, the combined countable monthly income of all members of the household must be less than or equal to the AFDC Standard of Assistance for a unit of the size of the EA household. (See CAG 6202: Determining Categorical Eligibility for a listing of the members of the EA household.) The rules for what kinds and portions of income are countable are the same as in AFDC. However, the only income disregard to which EA applicants not receiving AFDC are entitled to will be work-related expense disregards. However, the rules for whose income is counted are not the same as those for AFDC, since the EA household may include relatives not in the AFDC assistance unit.

If all the members of the EA household are AFDC recipients, the household is automatically financially eligible for EA and you need not complete sections III, IV, and V of the EA-5R. If some or all of the members of the EA household are not receiving AFDC, you must determine financial eligibility using the process described below in conjuntion with Form EA-5R, sections III, IV, and V. In summary, this process involves considering the EA household as composed of two groups: (1) those members who are not on AFDC; and (2) those who are on AFDC. In sections III and IV you determine the countable income of each of these groups; in section V you add this income together to determine whether the household's total countable monthly income is at or below the appropriate AFDC Standard of Assistance.

If possible, 5 weeks of wage stubs should be used as the basis for computing the monthly gross earned income of household members not on AFDC. Given the emergency nature of the situation, however, if 5 weeks stubs cannot be provided the worker should compute earned income on the basis of as many stubs up to 5 as can be provided. At the very least, one pay stub must be provided to verify income.

Form EA-5R, Section III

Step 1: List members of the EA household who are not now receiving AFDC. Do not include any individuals receiving SSI.

If the household includes no such persons, proceed to Step 8.

Step 2: Enter the amount of each member's monthly gross earned income on line 1. Do not include any of the types of income listed in CAG 4132 of the AFDC Worker Handbook. The gross earned income of a self-employed person is defined as revenues minus business expenses. If the member has no income, enter "0" in line 5 below his or her name.

Note: If one of the members is a remarried parent not in need, enter "0" in line 5 as his or her total monthly net income.

Step 3: Enter on line 2 the amount of work-related expenses associated with any earnings on line 1. (See CAG 4340 of the AFDC Worker Handbook for the determination of allowable work-related expenses.)

Step 4: For each member, subtract work-related expenses (line 2) from gross earned income (line 1) to determine monthly net earnings. Enter the result on line 3.

Step 5: Enter the amount of each member's monthly unearned income including the amount of GR (if any) actually received, on line 4. Do not include any of the types of income listed in CAG 4132 of the AFDC Worker Handbook.

Step 6: For each member, sum earned (line 3) and unearned income (line 4) to determine total monthly net income. Enter the result on line 5.

Step 7: Enter on line 6 the sum of the totals on line 5.

Form EA-5R, Section IV

Step 8: List members of the EA household who are members of the AFDC assistance unit. If the household includes no such persons, proceed to Step 10.

Step 9: Enter on line 7 the total Standard of Assistance for the AFDC assistance unit. (See the AFDC Worker Handbook, CAG 4140: Standards of Assistance).

For example, suppose you have an AFDC assistance unit of four persons with a total standard of assistance of $444.50 from which $321 is deducted due to earnings leaving a monthly grant of $123.50. The amount you should enter in Section IV is the amount listed in CAG 4140 of the AFDC Worker Handbook for four persons, that is, $444.50.

Form EA-5R, Section V

Step 10: Enter on line 1, Column A the number of individuals listed in Section III.

Enter on line 1, Column B the total monthly net income from Section III, line 6.

Step 11: Enter on line 2, Column A the number of individuals listed in Section IV.

Enter on line 2, Column B the amount on line 7 of Section IV.

Step 12: Enter on line 3, Column A the sum of the individuals listed on lines 1 and 2. Enter on line 3, Column B (Total Monthly Net Income) the sum of line 1 and 2 under Column B.

Step 13: Enter on line 4 the sum of the number of individuals listed in line 3, Column A.

Step 14: Enter on line 4 the total Standard of Assistance for the number of individuals listed in Step 13. (See CAG 4140 of the AFDC Worker Handbook.)

Step 15: Compare the amounts on lines 3 and 4.

If line 3 is less than or equal to line 4, the household is financially eligible. Proceed according to the CSG which describes the situation for which the applicant or recipient is requesting EA.

If line 3 is greater than line 4, deny the application (manual citation: 309.020(C)). Complete 4 copies of the NFL-9; send 2 copies to the applicant or recipient, file 1 copy in the case record and file 1 copy in the tickler file.

6204 DETERMINING THE AMOUNT(S) TO BE AUTHORIZED

This CAG is to be used in conjunction with Section VII of the EA-5R.

The amounts that will be allowed for the individual benefits under EA are subject to specific maximums for each benefit. These maximums are specified under the heading "Allowable Benefit Levels" in CAG 6209: Chart I: Emergencies, Verifications, Time Standards and Benefits.

The following are the steps to be followed in using Section VII of the EA-5R to apply these limits in determining the amount of benefits to be authorized.

Step 1: Determine the types and allowable benefits for which the household is eligible by consulting CAG 6209: Chart I: Emergencies, Verifications, Time Standards and Benefits.

If the case involves imminent eviction, utility shut-off, or non-delivery of fuel see CAG 6205 for calculation of the allowable combined shelter benefit.

Enter the allowable benefit levels for the services requested in lines 1 through 18 of column 1 of section VII. Enter on line 19, column II, the amount previously authorized within the authorization period for rent or mortgage, gas, electricity and fuel. Enter on line 20 the total of lines 1 - 18.

Step 2: Determine whether the household has available assets to meet or reduce the need(s). See CAG 6206: Determining Available Assets.

Form EA-5R, Section VII

Step 3: Enter on line 21, column I the amount of available assets (from line 9 of Section VI of the EA-5R form).

Step 4: Subtract the countable assets (line 21) from the total allowable benefits (line 20). Enter this amount on line 22.

Step 5: For each benefit requested, enter the amount to be authorized in column II keeping in mind that the amounts for rent or mortgage (line 15), gas (line 16), electricity (line 17) and fuel (line 18) can not exceed the amount of the unpaid bills (line 14A - 14D of section VIII). Also, keep in mind that the amounts authorized for rent or mortgage, gas, electricity and fuel can not exceed $500 in a 30 day authorization period. Go to CAG 6208 Authorizing Vendor Payments.

CAG 6205 DETERMINING ALLOWABLE BENEFITS FOR EXCESS SHELTER COSTS

This CAG is to be used in conjunction with Section VIII of Form EA-5R.

Step 1: Review the paid and unpaid bills presented by the applicant or recipient.

Circle on line 1 the number of months of bills (up to 4) that the applicant or recipient chooses to have considered.

NOTE: While the number of months which may be considered is limited to 4, the months do not have to be consecutive although they must be for costs incurred within one year prior to the date of application.

The months to be considered are the choice of the applicant or recipient. It will usually be to his or her advantage to choose the maximum of 4 months, and to choose those months in which (s)he incurred the highest costs.

Calculation of Shelter Costs

Step 2: On line 2A through 2D, enter each month selected, and the actual cost of rent, gas, electricity and fuel, whether or not the bills were paid.

Where bills for any of the shelter costs listed above cover more than a 1 month period, they must be prorated on a monthly basis.

NOTE: The amount of fuel costs is the cost of fuel used during the month rather than the cost of fuel delivered. The amount of fuel used can be determined by reviewing past bills or asking the vendor. The cost of fuel is determined by multiplying this figure by the rate charged by the vendor at the time of delivery.

Step 3: Enter under column A the total shelter cost for each month and the sum on line 3 of column A.

Enter the total rent for the months considered on line 3 under the column titled "rent."

Subtraction of Income-In-Kind

Step 4: Enter on line 4 the amount of Income-In-Kind for rent, heat and utilities, as appropriate. See 106 CMR 304.570, AFDC Guide for Income-In-Kind.

Include the Income-In-Kind amount whether or not any member of the household was receiving AFDC. The Income-In-Kind amount represents the portion of shelter costs for which the household remains responsible.

If any member of the household was not on AFDC and the applicant or recipient verifies that the household's net income was less than the AFDC Standard of Assistance for the months under consideration (for instance, (s)he may have been receiving GR or assistance from another state with a lower standard), reduce the Income-In-Kind amount you enter by the difference between the AFDC standard for a unit of the household's size and the household's actual income.

Step 5: Enter on line 5 the number of months circled on line 1.

Step 6: Multiply line 4 (Income-In-Kind) by line 5 (number of months) and enter the result on line 6 (total Income-In-Kind).

Step 7: Subtract line 6 (total Income-In-Kind) from line 3 (total shelter costs) and enter the result on line 7 (excess shelter).

Calculation of Allowable Benefits

Step 8: Enter on line 8A through 8D the amount of unpaid bills the applicant or recipient presented.

Enter this total on line 9.

NOTE: A fuel need may arise because of non-delivery even though the applicant or recipient does not owe an unpaid bill to the dealer. In such cases, the amount to be considered is the estimated cost of the fuel which would be used from the date of the EA request through the following June 30th. The estimated cost can be determined by reviewing the previous year's usage and multiplying it by the current rate charged by the vendor.

Step 9: Enter on line 10 the allowable benefit which is the lowest of line 7 (excess shelter) or line 9 (total of unpaid bills the client presented) or $500.

Enter this amount on spaces 15 through 18 on column 1 of Section VII.

Return to Step 1, CAG 6204, Determining the Amount to be Authorized.

NOTE: A fuel need may arise because of non-delivery even though the applicant or recipient does not owe an unpaid bill to the dealer. In such cases, the amount to be considered is the estimated cost of the fuel which would be used from the date of the EA request through the following June 30th. The estimated cost can be determined by reviewing the previous year's usage times the current rate charged by the vendor.

Step 15: Enter on line 16 the allowable benefit which is the lowest of line 13 (excess shelter costs after CAP funds subtracted) or line 15 (total of unpaid bills the client presented) or $500.

Enter this amount on spaces 15 through 18 on column I of section VII.

Return to Step 1, CAG 6204, Determining the Amount to be Authorized.

6206 DETERMINING AVAILABLE ASSETS

This CAG is to be used in conjunction with Section VI of the EA-5R.

Step 1: If EA benefits have previously been authorized within the 30 day authorization period, place a zero on line 9. Return to Step 3 of CAG 6204: Determining the Amount(s) to be Authorized.

If not, proceed to Step 2.

Step 2: List all members of the EA household
Determine the total value of the countable assets held by each EA household member. See the AFDC Worker Handbook: CAG 4210: Countable and Non-Countable Assets.

Step 3: Total the value of the household's combined countable assets and enter the sum on line 7.

Step 4: Subtract $250 from the result of Step 3 and enter the amount on line 9. If the result is less than zero, enter zero on line 9. The amount on line 9 is the total amount of available assets to be considered in determining the maximum amount of benefits for which the household is eligible. Return to Step 3 of CAG 6204: Determining the Amount(s) to be Authorized.

CAG 6207 AUTHORIZING EMERGENCY LIVING ARRANGEMENTS

The decision to authorize emergency living arrangements may be made only by the Regional Manager or, in his or her absence, a designee.

Worker's Responsibility

To enable the Regional Manager to reach his or her decision, the worker must submit to the Regional Manager a statement:

- describing the efforts the applicant or recipient and the CSAO/WSO have made to secure public or private housing or temporary residence with friends or relatives; and
- affirming that the household has not refused available alternative housing.

The CSAO/WSO's initial request and statement may be made orally but must be followed by a written request. The worker should proceed to determine the need for benefits other than emergency living arrangements and authorize them as appropriate. Proceed according to the CSG which describes the situation for which the applicant or recipient is requesting assistance.

Regional Manager's Responsibility

If, on the basis of the worker's statement and, if necessary, his or her own investigation, the Regional Manager determines that the request should be approved, he or she must take whatever steps are necessary to place the household in a shelter, hotel or motel, as well as to expedite the removal of the household from such facilities.

In doing so, the following requirements must be met:

- the emergency living arrangement authorized must be the least costly accomodation in the area; and
- the period of time covered by the authorization must be as short as possible, but may not extend beyond one week in instances of eviction or uninhabitable home or 30 days in instances of natural disaster, fire or flood.

Upon determining the arrangements to be authorized, the Regional Manager must notify the CSAO/WSO requesting the assistance so that the appropriate actions can be taken.

CAG 6208 AUTHORIZING VENDOR PAYMENTS

All EA services must be monitored for timely provision of service under the requirements of the Cornelius Consent Decree. The collection of the data required for monitoring is accomplished via the provider document (PA-33A or Turnaround Document). See CAG 4752: Monitoring of Time Standards.

NOTE: All authorizations for EA must be completed within the 30 consecutive day period following the date of first authorization of a benefit, as distinguished from the date of application. Authorizations may be completed for needs which arose before the 30 day period, or for needs which will extend beyond the 30 day period.

All EA benefits, with the sole exception of moving expenses, are to be provided in the form of vendor payment. The applicant or recipient must be given maximum opportunity to participate in the selection of vendors.

The payments made and vendors selected must be noted in the case record and approved by the Supervisor.

PA-33A Procedures

If a non-medical vendor payment is required for an applicant or recipient, you must complete Form PA-33A, Authorization and Claim for Non-Medical Services. A separate form must be used for each payment.

In the case of an invoice for an applicant or recipient family receiving Emergency Assistance a second time in the same 12 months because of a natural disaster, fire or flood, enter "Second EA" in the upper right corner.

Obtain the signature of the Supervisor prior to mailing or giving the form to the applicant or recipient.

The applicant or recipient must also sign the form, but should do so at the provider's place of business after the service has been rendered.

Under some circumstances, the amount authorized by vendor payment may not meet the full amount of a particular benefit(s). When authorizing partial payment(s) for household furniture and appliances, security deposit, advance rent, storage, rent or mortgage debt, utility debt, fuel payments and home repairs, the following should be indicated on PA-33A under the section entitled "Approval is given for the following service or item for the above named person":

- The total cost of the service or item.
- The amount for which the client is responsible.

If a situation occurs in which a non-medical vendor payment was authorized but should not be paid, you must initiate a check pull mechanism. You must inform the Director of the CSAO/WSO and he or she will complete the process. However, you must note in the case record when the stop in processing of a non-medical vendor payment occurs. Also, notify the transmittal clerk of the stop in processing.

CAG 6209: EMERGENCIES, VERIFICATIONS, TIME STANDARDS AND BENEFITS

EMERGENCY SITUATION AND BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (if verification is timely) FROM DATE OF REQUEST FOR SERVICE	ALLOWABLE BENEFIT LEVELS
1. Natural Disaster, Fire or Flood (106 CMR 309.050 (A))				
A. Basic Furniture*	-For fire - a fire department report to establish circumstances and extent of fire -For natural disaster, fire and flood- home visit.	4	7	Kitchen** $107 for a family of 4 or under $ 23 for each additional member Bedroom** $175 for each individual Refrigerator - when not furnished by landlord $224 for a family of 5 or under $308 for a family over 5 Stove $229 plus installation, when necessary. Hot Water Heaters $191 installed when not furnished by landlord

* Replacement will not be made for items which are only smoke damaged and remain usable.

** The applicant or recipient may spend these allotments as (s)he sees fit for the type of room.

CAG 6209 : EMERGENCIES, VERIFICATIONS, TIME STANDARDS AND BENEFITS

EMERGENCY SITUATION AND BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (if verification is timely) FROM DATE OF REQUEST FOR SERVICE	ALLOWABLE BENEFIT LEVELS
I. Natural Disaster, Fire or Flood (Continued)				
B. Household Equipment and Supplies*	For fire - a fire department report to establish circumstances and extent of fire For natural disaster, fire and flood - home visit.	4	7	$68 for each of first 2 people $23 for each additional member
C. Food	For natural disaster, fire, and flood - home visit	4	7	In accordance with Section 4360 of the AFDC Worker Handbook. This amount need not be authorized in one single payment, but the total authorized, in however many payments, may not exceed the monthly amount
D. Clothing*	For natural disaster, fire and flood - home visit	4	7	$80.90 for each person less the amount of money given to the household by an organization in the community such as Red Cross. The amount to be authorized for the combination of clothing replacement and dry cleaning can not exceed $80.90 per person.

* Replacement will not be made for items which are only smoke damaged and remain usable.

CAG 6209: EMERGENCIES, VERIFICATIONS, TIME STANDARDS AND BENEFITS

EMERGENCY SITUATION AND BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (if verification is timely) FROM DATE OF REQUEST FOR SERVICE	ALLOWABLE BENEFIT LEVELS
I. Natural Disaster, Fire and Flood (Continued)				
E. Deodorization	- Estimate from a cleaning service - For fire - a fire department report to establish circumstances and extent of fire For natural disaster, fire and flood - home visit	12	21	
F. Dry Cleaning	- Estimate from a cleaning service - For fire - a fire department report to establish circumstances and extent of fire For natural disaster, fire and flood - home visit	12	21	The amount to be authorized for the combination of clothing replacement and dry cleaning can not exceed $80.90 per person.
G. Moving Expenses	- For fire - a fire department report to establish circumstances and extent of fire - Worker observation of need to move For natural disaster, fire and flood - home visit	12	21	Actual cost incurred or $150, whichever is less.

CAG 6209: EMERGENCIES, VERIFICATIONS, TIME STANDARDS AND BENEFITS

EMERGENCY SITUATION AND BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (if verification is timely) FROM DATE OF REQUEST FOR SERVICE	ALLOWABLE BENEFIT LEVELS
I. Natural Disaster, Fire or Flood (Continued)				
H. Security Deposit	- For fire - a fire department report to establish circumstances and extent of fire - Verbal/written confirmation from new landlord For natural disaster, fire and flood - home visit	12	21	Not to exceed one month's rent*
I. Advance Rent	- For fire - a fire department report to establish circumstances and extent of fire - Verbal/written confirmation from new landlord For natural disaster, fire and flood - home visit	12	21	Affordable**

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* The worker must inform the applicant or recipient and the landlord that when the security deposit is returned, it must be drawn by the landlord as payable to MDPW.

** A guideline for this is that the shelter expenses associated with the unit not exceed the household's income

CAG 6209: EMERGENCIES, VERIFICATIONS, TIME STANDARDS AND BENEFITS

EMERGENCY SITUATION AND BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (if verification is timely) FROM DATE OF REQUEST FOR SERVICE	ALLOWABLE BENEFIT LEVELS
I. Natural Disaster, Fire and Flood (Continued)				
J. Emergency Shelter (with approval of Regional Manager)	- For fire - a fire department report to establish circumstances and extent of fire - Verbal/written statement of efforts to obtain housing For natural disaster, fire and flood - home visit	2	7	Least costly reasonable accomodations in the area for the shortest period of time

CAG 6209 : EMERGENCIES, VERIFICATIONS, TIME STANDARDS AND BENEFITS

EMERGENCY SITUATION AND BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (if verification is timely) FROM DATE OF REQUEST FOR SERVICE	ALLOWABLE BENEFIT LEVELS
II. Evictions (106 CMR 309.050(B))				
A. Emergency Shelter (with approval of Regional Manager)	- Proof of foreclosure or of the execution of a judgment of eviction - Verbal/written statement of efforts to obtain housing	2	7	Least costly reasonable accomodation in the area, for 1 week only.
B. Advance Rent	- Proof of foreclosure or of the execution of a judgment of eviction - Verbal/written confirmation from new landlord	12	21	Affordable**
C. Security Deposit	- Proof of foreclosure or of the execution of a judgment of eviction - Verbal/written confirmation from new landlord	12	21	Not to exceed 1 month's rent*

* The worker must inform the applicant or recipient and the landlord that when the security deposit is returned, it must be drawn by the landlord as payable to the MDPW.

** A guideline for this is that the shelter expenses associated with the unit not exceed the household's income.

CAG 6209: EMERGENCIES, VERIFICATIONS, TIME STANDARDS AND BENEFITS

EMERGENCY SITUATION AND BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (if verification is timely) FROM DATE OF REQUEST FOR SERVICE	ALLOWABLE BENEFIT LEVELS
II. Evictions (Continued)				
D. Moving	- Proof of foreclosure or proof of the execution of a judgment of eviction	12	21	Actual cost incurred or $150, whichever is less
E. Storage	- Proof of foreclosure or proof of the execution of a judgment of eviction - Bill from storage company	8	14	- 30 day limit at a reasonable rate

CAG 6209 : EMERGENCIES, VERIFICATIONS, TIME STANDARDS AND BENEFITS

EMERGENCY SITUATION AND BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (if verification is timely) FROM DATE OF REQUEST FOR SERVICE	ALLOWABLE BENEFIT LEVELS
III. Defective Home Situations (106 CMR 309.050 (C))				
A. Emergency Shelter (with approval of Regional Manager)	- Board of Health or Code Enforcement gency verification -Verbal/written statement of efforts to obtain housing	2	7	Least costly reasonable accommodations in the area for 1 week only.
B. Advance Rent	- Board of Health or Code Enforcement Agency Verification - Verbal/written confirmation from new landlord	12	21	Affordable*
C. Security Deposit	-Board of Health or Code Enforcement Agency verification -Verbal/written confirmation from new landlord	12	21	Not to exceed one month's rent**
D. Moving expenses	-Board of Health or Code Enforcement Agency Verification	12	21	Actual cost incurred or $150, whichever is less

* A guideline for this is that the shelter expenses associated with the unit does not exceed the household's income

** The Security Deposit must be made payable to the Department by the landlord when the client moves.

EMERGENCY SITUATION AND BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (if verification is timely) FROM DATE OF REQUEST FOR SERVICE	ALLOWABLE BENEFIT LEVELS
III. Defective Home Situations (106 CMR 309.050 (C))				
E. Storage	-Board of Health or Code Enforcement Agency verification - Bill from storage company	8	14	- 30 day limit at a reasonable rate
F. **Home Repairs**	- Board of Health or Code Enforcement Agency verification - 3 written estimates from skilled workmen or contractors - Proof of ownership	Under $500 8 $500 and Over 12	14 21	- Can be authorized for 1 time only - Actual cost incurred or $1,500, whichever is less
G. **Malfunction of refrigerators, stoves*, hot water heaters**	Written statement and estimate from service person	Defective 8 Inoperative 4	14 7	Actual cost incurred or replacement cost as outlined below, whichever is less Refrigerator $224 for family of 5 or under $308 for family over 5

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* Stoves include parlor heaters if no central heating is provided.

CAG 6209: EMERGENCIES, VERIFICATIONS, TIME STANDARDS AND BENEFITS

EMERGENCY SITUATION AND BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (if verification is timely) FROM DATE OF REQUEST FOR SERVICE	ALLOWABLE BENEFIT LEVELS
III. Defective Home Situations (106 CMR 309.050 (C))				
G. Malfunction of refrigerators, stoves*, hot water heaters (Continued)				Stove $229 plus installation if necessary when not furnished by landlord Hot Water Heater $191 installed when not furnished by landlord
H. Lack of Appliance	Written/verbal confirmation from landlord(s)	12	21	Actual cost incurred or purchase cost as outlined below, whichever is less Refrigerator $224 for family of 5 or under $308 for family over 5 Stove $229 plus installation

* Stoves include parlor heaters if no central heating is provided.

EMERGENCY SITUATION AND BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (if verification is timely) FROM DATE OF REQUEST FOR SERVICE	ALLOWABLE BENEFIT LEVELS
IV. Excess Shelter Costs (106 CMR 309.060 (A))				
A. Voucher for Shelter Arrearage	- Written statement from mortgage holder of intention to foreclose, or if rentor, agreement between landlord and tenant filed with with the court, or judgment of eviction - Written agreement from mortgage holder or landlord to terminate eviction or foreclosure - Unpaid (or partially paid) rent or mortgage bills (or statement from landlord)	4	7	The lesser of the amount needed to avert eviction or the amount determined through use of CAG 6205 (but not to exceed $500 in combination with other shelter benefits).

CAG 6209 : EMERGENCIES, VERIFICATIONS, TIME STANDARDS AND BENEFITS

EMERGENCY SITUATION AND BENEFITS AVAILABLE	VERIFICATIONS NEEDED	RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE	DEPARTMENT SERVICE DELIVERY TIME (if verification is timely) FROM DATE OF REQUEST FOR SERVICE	ALLOWABLE BENEFIT LEVELS
IV. Excess Shelter Costs (106 CMR 309.060 (A))				
B. Voucher for Utility * Arrearage	- Notice of intended shut-off or verbal confirmation of threatened or actual shut-off - Service delivery agreement (Form EA-4) completed and signed by vendor - Unpaid (or partially paid) utility bills	4	7	The lesser of the amount needed to avert shut-off, or the amount determined through use of CAG 6205 (but not to exceed $500 in combination with other shelter benefits
C. Voucher for Fuel Payment	- Written or verbal confirmation of non-delivery and fuel delivery agreement by vendor	4	7	The lesser of the amount needed to avert non-delivery or the amount determined through use of CAG 6205, (but not to exceed $500 in combination with other shelter benefits

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* Utilities do not include water ot telephone

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APPLICATION FOR EMERGENCY ASSISTANCE

SECTION VIII DETERMINING ALLOWABLE BENEFIT LEVELS FOR EXCESS COMBINED SHELTER COSTS

(SEE CAG FOR INSTRUCTIONS)

1	CIRCLE NUMBER OF MONTHS	1	2	3	4

CALCULATION OF SHELTER COSTS

	MONTH	RENT	GAS	ELECTRICTY	FUEL	COLUMN A TOTALS
2A						
2B						
2C						
2D						
3	TOTAL					

SUBTRACTION OF INCOME-IN-KIND

4	INCOME-IN-KIND		
5	NUMBER OF MONTHS (from line 1)		
6	TOTAL INCOME-IN-KIND (line 4 X line 5)		
7	EXCESS SHELTER (line 3, Column A minus line 6)		

CALCULATION OF ALLOWABLE BENEFIT

		AMOUNT UNPAID	
8 A	RENT		
8 B	GAS		
8 C	ELECTRICITY		
8 D	FUEL		
9	TOTAL		
10	MAXIMUM ALLOWABLE BENEFIT (THE LOWEST OF LINE 7, LINE 9, OR $500)		

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APPLICATION FOR EMERGENCY ASSISTANCE

SECTION X RIGHTS AND RESPONSIBILITIES (SEE CAG 6201)

1. ALL FINANCIAL ASSISTANCE AND SERVICES GRANTED BY THIS AGENCY MUST BE PROVIDED IN ACCORDANCE WITH THE CIVIL RIGHTS ACT OF 1964 WHICH PROHIBITS DISCRIMINATION ON THE GROUNDS OF RACE, COLOR OR NATIONAL ORIGIN. ANY AGGRIEVED PERSON MAY FILE A WRITTEN COMPLAINT OF ALLEGED DISCRIMINATION WITH THE NEAREST REGIONAL OFFICE OF THE STATE DEPARTMENT OF PUBLIC WELFARE, OR THE U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE.

2. I UNDERSTAND THAT MY ASSISTANCE IS SUBJECT TO REVIEW AND THAT I MAY BE ASKED TO PROVIDE PROOF OF WHAT I HAVE STATED. IF ADDITIONAL PROOF BEYOND WHAT I HAVE PROVIDED IS REQUIRED MY CONSENT TO SECURE IT MUST BE OBTAINED. SHOULD I REFUSE TO GIVE MY CONSENT MY APPLICATION FOR ASSISTANCE CAN BE DENIED.

3. I UNDERSTAND THAT I MAY FILE AN APPEAL FOR A FAIR HEARING WITHIN 30 DAYS OF THE WRITTEN NOTICE OF ANY AGENCY ACTION WITH WHICH I DISAGREE. I UNDERSTAND THAT I MAY OBTAIN THE APPEAL FORM AT MY LOCAL WELFARE OFFICE.

4. I UNDERSTAND THAT THE DEPARTMENT HAS THE RIGHT TO RECOUP ANY MONIES PAID TO ME TO WHICH I WAS NOT ENTITLED.

5. I HAVE BEEN INFORMED ABOUT THE ELIGIBILITY REQUIREMENTS AND STANDARDS FOR EMERGENCY ASSISTANCE.

6. I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ OR HAVE HAD READ TO ME THE INFORMATION GIVEN IN THIS APPLICATION AND THAT SUCH INFORMATION GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AM AWARE OF MY RESPONSIBILITY TO REPORT IMMEDIATELY IN PERSON OR BY MAIL OR TELEPHONE ANY CHANGE IN MY INCOME, RESOURCES, OR CIRCUMSTANCES TO MY WORKER OR WELFARE OFFICE PRIOR TO THE APPROVAL, IF ANY, OF MY APPLICATION FOR EMERGENCY ASSISTANCE. I UNDERSTAND A VIOLATION OF THIS PARAGRAPH MAY BE FOUND AS AN INDICATION OF FRAUD.

7. I HAVE READ ALL OF THE ABOVE AND/OR HAVE HAD IT READ FOR ME BY AN INTERPRETER, AND I FULLY UNDERSTAND ITS CONTENT.

WORKER SIGNATURE ______________________

SIGNATURE OF APPLICANT ______________________

DATE ______________________

DATE ______________________

TN-24
(12/80)

AGREEMENT OF VENDOR TO CONTINUE OR RESUME UTILITY SERVICE

DATE: ______________________________

(Department of Public Welfare regulations require that when an applicant for Emergency Assistance is seeking aid to avoid an imminent utility shut-off, or to resume utility service, the vendor must agree in writing to continue or resume service in order for the applicant to become eligible.) 106 CMR 309.050 (C).

____________________________________("the Utility Company") hereby agrees that if the
(Name of Utility)

Department of Public Welfare ("the Department") authorizes an Emergency Assistance (EA) grant for $ _______________, on behalf of:

E.A. Applicant's Name ____

Address ____

Account Number ___________________________ Telephone Number _________________________

the utility service of said EA applicant will be continued or restored upon notification by the Department of said authorization.

It is further agreed that the utility service of the above-named EA applicant will not be terminated on the basis of any monies owed to the Utility Company by the EA applicant which exceed the amount of the EA payment as of the date of authorization of said payment PROVIDED the EA recipient or the Department on the recipients' behalf, remits to the Utility Company monthly payments of $ ________________ each and every month until the balance of $_________________ is paid.

In the event that the recipient fails to pay the amount, as agreed to, and all future billing after the date of this agreement, the Utility Company is not precluded by the terms of this agreement from using any and all remedies available to it at law, including the termination of the utility service of the EA recipient.

____________________________________ (Signed) _________________________________
Utility Company E.A. APPLICANT
Authorized Signature

(Witness) _________________________________

EA-4 (Revised 7/80)

EA-5R
12/80

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE

APPLICATION FOR EMERGENCY ASSISTANCE

SECTION I (COMPLETE FOR ALL APPLICANTS OR RECIPIENTS)

1. Applicant's Name ____________________ 2. Soc. Sec. Number ________________

3. Date of Application ________________

Is the household composed solely of AFDC and SSI recipients ☐ YES ☐ NO

If YES, skip to Section VI.

If NO, complete all of the following sections.

SECTION II (COMPLETE ONLY IF THE APPLICANT IS NOT AN AFDC RECIPIENT.)

1. Applicant's Address ____
Street City/Town State Zip

2. Telephone ____________________ 3. Birth Date ____________________

4. Does the household include a child under 21? ☐ YES ☐ NO

Name of Child ____________________

5. What is the relation of the applicant to the child? ______________________

SECTION III (See CAG 6203, Steps 1 through 7.)

List all members of the household who are NOT inclued in the AFDC assistance unit. List for each member the amounts of his/her monthly gross earned income, work-related expenses, and unearned income. Do not include the non-countable income listed in CAG 4132 of the AFDC Worker Handbook. If the member has no income, enter zero on line 5 below his or her name.

	NAME	NAME	NAME	NAME	NAME
1. MONTHLY GROSS EARNED INCOME	$	$	$	$	$
2. MONTHLY WORK RELATED EXPENSES	$	$	$	$	$
3. MONTHLY NET EARNED INCOME (line 1 minus line 2)	$	$	$	$	$
4. MONTHLY UNEARNED INCOME	$	$	$	$	$
5. TOTAL MONTHLY NET INCOME (sum of lines 3 and 4)	$	$	$	$	$
6. TOTAL MONTHLY NET INCOME FOR ALL MEMBERS LISTED ABOVE (sum of amounts on line 5)				$	

SECTION IV (See CAG 6203, Steps 18 and 19)

List members of the EA household who make up the AFDC assistance unit.

NAME

1. ____________________ 4. ____________________
2. ____________________ 5. ____________________
3. ____________________ 6. ____________________

STANDARD OF ASSISTANCE FOR AFDC UNIT

7. ____________________ (See CAG 4140 of the AFDC Worker Handbook. Use the full standard regardless of the amount of AFDC actually received.)

SECTION V

	COLUMN A	COLUMN B	
1	Number of Individuals in Section III =	Amount on Line 6, Section III = $	1
2	Number of Individuals in Section IV =	Amount on Line 7, Section IV = $	2
3	Line 1 + 2 =	Total (Add lines 1 + 2) = $	3
4	Standard of Assistance for Unit of (total from line 3 above)	People = $	4

Is Line 3, Column B less than or equal to Line 4, Column B? ____ Yes ____ No

If YES, the household IS financially eligible for EA.

If NO, the household is NOT eligible for EA.

SECTION VI CALCULATION OF AVAILABLE ASSETS (See CAG 6206 for instructions.)

List all household members listed in Sections III + IV, and the value of all countable assets.

If the household has received EA already within the 30-day authorization period, enter zero in line 9.

	NAME	VALUE OF COUNTABLE ASSETS
1		
2		
3		
4		
5		
6		
7	TOTAL COUNTABLE ASSETS	
8		- $250
9	TOTAL AVAILABLE ASSETS	

NOTE: THE AMOUNT IN LINE 9 MAY NOT BE LESS THAN 0.

	SECTION VII	I	II	
	ITEMS REQUESTED	ALLOWABLE BENEFIT LEVELS	AMOUNT TO BE AUTHORIZED	
1	Furniture	$	$	
2	Household Equipment/ Supplies	$	$	
3	Food	$	$	
4	Clothing	$	$	
5	Deodorization/ Cleaning	$	$	
6	Moving Expenses	$	$	
7	Advance Rent	$	$	
8	Security Deposit	$	$	
9	Emergency Living Arrangements	$	$	
10	Home Repairs	$	$	
11	Storage	$	$	
12	Appliance Repair	$	$	
13	Appliance Replacement	$	$	
14	Appliance Purchase	$	$	
15	Rent or Mortgage (see CAG 6205)	$	$*	TOTAL CANNOT EXCEED $500
16	Gas (see CAG 6205)		$*	
17	Electricity (see CAG 6205)		$*	
18	Fuel (see CAG 6205)		$*	
19	Amount Authorized Within the 30 Day Authorization Period for Rent or Mortgage, Gas, Electricity and Fuel		$	
20	TOTAL OF LINES 1-18	$		
21	Countable Assets (from line 9, Section VI)	$		
22	Total Amount Which Can be Authorized (line 20 minus line 21)	$		

* This amount cannot exceed the amount of lines 14A through 14D of Section VIII for the corresponding benefit.

EA-5R
(12/80)

APPLICATION FOR EMERGENCY ASSISTANCE

SECTION VIII DETERMINING ALLOWABLE BENEFIT LEVELS FOR EXCESS COMBINED SHELTER COSTS

(SEE CAG FOR INSTRUCTIONS)

1 CIRCLE NUMBER OF MONTHS 1 2 3 4

CALCULATION OF SHELTER COSTS

	MONTH	RENT	GAS	ELECTRICTY	FUEL	COLUMN A TOTALS
2A						
2B						
2C						
2D						
3	TOTAL					

SUBTRACTION OF INCOME-IN-KIND

4	INCOME-IN-KIND		
5	NUMBER OF MONTHS (from line 1)		
6	TOTAL INCOME-IN-KIND (line 4 X line 5)		
7	EXCESS SHELTER (line 3, Column A minus line 6)		

SUBTRACTION OF CAP FUNDS

8	TOTAL SHELTER COSTS (from line 3, Column A)		
9	RENT (from line 3)		
10	ENERGY RELATED COSTS (line 8 minus line 9)		
11	AMOUNT CAP FUNDS RECEIVED		
12	LESSER OF LINE 10 AND LINE 11		
13	EXCESS SHELTER AFTER CAP SUBTRACTED (line 7 minus line 12)		

CALCULATION OF ALLOWABLE BENEFIT

		AMOUNT UNPAID	
14A	RENT		
14B	GAS		
14C	ELECTRICITY		
14D	FUEL		
15	TOTAL		
16	MAXIMUM ALLOWABLE BENEFIT (THE LOWEST OF LINE 13, LINE 15, OR $500)		

SECTION X RIGHTS AND RESPONSIBILITIES (SEE CAG 6201)

1. ALL FINANCIAL ASSISTANCE AND SERVICES GRANTED BY THIS AGENCY MUST BE PROVIDED IN ACCORDANCE WITH THE CIVIL RIGHTS ACT OF 1964 WHICH PROHIBITS DISCRIMINATION ON THE GROUNDS OF RACE, COLOR OR NATIONAL ORIGIN. ANY AGGRIEVED PERSON MAY FILE A WRITTEN COMPLAINT OF ALLEGED DISCRIMINATION WITH THE NEAREST REGIONAL OFFICE OF THE STATE DEPARTMENT OF PUBLIC WELFARE, OR THE U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE.

2. I UNDERSTAND THAT MY ASSISTANCE IS SUBJECT TO REVIEW AND THAT I MAY BE ASKED TO PROVIDE PROOF OF WHAT I HAVE STATED. IF ADDITIONAL PROOF BEYOND WHAT I HAVE PROVIDED IS REQUIRED MY CONSENT TO SECURE IT MUST BE OBTAINED. SHOULD I REFUSE TO GIVE MY CONSENT MY APPLICATION FOR ASSISTANCE CAN BE DENIED.

3. I UNDERSTAND THAT I MAY FILE AN APPEAL FOR A FAIR HEARING WITHIN 30 DAYS OF THE WRITTEN NOTICE OF ANY AGENCY ACTION WITH WHICH I DISAGREE. I UNDERSTAND THAT I MAY OBTAIN THE APPEAL FORM AT MY LOCAL WELFARE OFFICE.

4. I UNDERSTAND THAT THE DEPARTMENT HAS THE RIGHT TO RECOUP ANY MONIES PAID TO ME TO WHICH I WAS NOT ENTITLED.

5. I HAVE BEEN INFORMED ABOUT THE ELIGIBILITY REQUIREMENTS AND STANDARDS FOR EMERGENCY ASSISTANCE.

6. I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ OR HAVE HAD READ TO ME THE INFORMATION GIVEN IN THIS APPLICATION AND THAT SUCH INFORMATION GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AM AWARE OF MY RESPONSIBILITY TO REPORT IMMEDIATELY IN PERSON OR BY MAIL OR TELEPHONE ANY CHANGE IN MY INCOME, RESOURCES, OR CIRCUMSTANCES TO MY WORKER OR WELFARE OFFICE PRIOR TO THE APPROVAL, IF ANY, OF MY APPLICATION FOR EMERGENCY ASSISTANCE. I UNDERSTAND A VIOLATION OF THIS PARAGRAPH MAY BE FOUND AS AN INDICATION OF FRAUD.

7. I HAVE READ ALL OF THE ABOVE AND/OR HAVE HAD IT READ FOR ME BY AN INTERPRETER, AND I FULLY UNDERSTAND ITS CONTENT.

WORKER SIGNATURE ______________________

SIGNATURE OF APPLICANT ______________________

DATE ______________________

DATE ______________________

PART VII

REFUGEE PROGRAMS

TABLE OF CONTENTS

7000 Refugee Programs

7100 The Refugee Resettlement Program

- 7110 Processing Former Recipients of the Vietnamese Cambodian Refugee Program and the Cuban Refugee Program

- 7120 Processing RRP Financial Assistance Applications
- 7130 Processing RRP MA-Only Applications
- 7140 RRP Redetermination
- 7141 Case Maintenance
- 7142 Definition of Refugee Status
- 7143 Definition of Employability
- 7144 Handling Verification Problems
- 7145 Responsibilities of Sponsors
- 7146 Unaccompanied Minor
- 7147 Action Reason Codes

7200 The Cuban Program Phasedown

7000 Refugee Programs

The Department has two category O programs: the Cuban Program Phasedown (CPP) and the Refugee Resettlement Program (RRP). The word "refugee" will be applied to participants in these programs and will be limited in its meaning to include only those individuals who have verifications listed in CAG 7142: Definition of Refugee Status or in CAG 7200, Step 1, Verifying Refugee Status.

The Cuban Program Phasedown aids Cuban refugees who entered the U.S. before October 1, 1978. It will end on September 30, 1983. The Refugee Resettlement Program grants assistance to former recipients of the Vietnamese/Cambodian Refugee Program, former recipients of the Cuban Refugee Program who entered this country after September 30, 1978, Cuban/Haitian Entrants, and eligible applicants.

Federal reimbursement is larger for the refugee programs than for others administered by the Department. Therefore, it is imperative to close recipients of AFDC, GR, or MA who are eligible for a refugee program and open them on the refugee program. In addition, whenever a non-citizen applies for assistance, the intake worker must determine whether eligibility exists for the RRP or the CPP.

7100 The Refugee Resettlement Program

The Refugee Resettlement Program (RRP) grants financial and medical assistance to: 1) eligible applicants; 2) former recipients of the Vietnamese and Cambodian Refugee Program (VCRP); and 3) former recipients of the Cuban Refugee Program (CRP) who entered the United States after September 30, 1978. Participation in the RRP is limited to 36 months from the date of entry of the refugee into the United States.

CAG 7110 concerns the RRP eligibility of former recipients of the CPP and the VCRP; CAG's 7120 and 7130 concern processing new applications for financial and medical assistance; and the CAG's numbered 7140 and higher concern general RRP matters.

7110 Processing Former Recipients of the Vietnamese Cambodian Refugee Program and the Cuban Refugee Program

Former recipients of the Cuban Refugee Program (CRP), who entered the United States after September 30, 1978, and former recipients of the Vietnamese/ Cambodian Refugee Program (VCRP) are eligible for the RRP, provided:

1) they were receiving assistance from the CRP or the VCRP on March 13, 1981, or

2) their application for assistance from these programs were pending on that date; and

3) they meet all of the requirements of the RRP.

Review all RRP requirements during each redetermination (see CAG 7140: RRP Redetermination). Generally, the case record will contain the necessary verifications of refugee status.

Note that Cubans who entered the U.S. before October 1, 1978 are not eligible for the RRP, but may be eligible for the Cuban Program Phasedown (see CAG 7200: Cuban Program Phasedown).

7120 Processing RRP Financial Assistance Applications

An applicant for financial assistance must meet the requirements of refugee status, residence, date of entry, and the AFDC standards for income and resources. Although family composition, dependency, WIN, and support cooperation requirements do not apply to this program, potential AFDC eligibility must be determined and coded.

Applications for RRP financial assistance are processed as follows:

Step 1: Verify Refugee Status

Compare verifications of refugee status presented by the applicant with the list provided in CAG 7142: Definition of Refugee Status.

If the Form I-94 or other documentation is missing or does not contain proper verification, the refugee or sponsor must obtain it from the Immigration and Naturalization Service.

Copy the documentation of refugee status and place it in the case record. Certify on the copy that it is an authentic reproduction of the original.

Step 2: Determine the Assistance Unit

Exclude all individuals who lack verification of refugee status (see CAG 7142: Definition of Refugee Status). Note that American citizens are granted refugee status provided they are children under 18 and they are living with a refugee parent in a household which contains no nonrefugee parent.

Apply the following rules to the individuals who have verified refugee status:

- each childless unmarried adult is an assistance unit of one person;
- each childless married couple is an assistance unit of two persons;
- children under 18 and their parents or adult caretakers are one assistance unit.

Step 3: Complete the AP-1

Complete the AP-1 in the normal manner. Write RRP across the top. Place the name and address of the resettlement agency in the remarks section.

Step 4: Contact Sponsor

The sponsor and the resettlement agency are usually not the same. Resettlement is usually done by a national voluntary agency which turns continuing responsibility over to a local sponsor. See CAG 7145: Responsibilities of Sponsor.

Notify the sponsor of the recipient's application. As if the sponsor is providing the refugee with a Federal Matching Grant or other income. Enter this information in the remarks section of the AP-1. Except in an emergency, contact with the sponsor must be made before approval of the case. In an emergency, if it is not possible to contact the sponsor, indicate the nature of the emergency and the contact attempts in the case record. Contact the sponsor within thirty days of approving the case.

Step 5: Verify Date of Entry

Eligibility for the RRP is limited to 3 years (36 months) from date of entry into the United States.

Check the date that the refugee entered the United States. The date should be printed on the bottom right of the Form I-94. If the entry date is not listed on the I-94, ask the sponsor for documents which have this information. Record the date of entry in the remarks section of the AP-1. If family members entered on different dates, indicate the dates of entry and the name or dependent number of each. Otherwise, write the date of entry of the family unit. Determine if the date of entry of the refugee falls within the RRP eligibility period.

Step 6: Verify Residence

Verify the residence of the assistance unit in the same way as for AFDC.

Step 7: Refer Appropriate Applicants to Social Security Administration

Refer applicants who are over 65, blind or disabled to the Social Security Administration to apply for SSI benefits. Until SSI benefits begin, applicants who qualify for the RRP are entitled to collect RRP benefits. Explain to refugees that they must notify you when benefits begin.

Step 8: Verify Income and Resources

Income and Resource limits are the same as those of the AFDC program (see CAG 4200: The Asset Test of Financial Eligibility and CAG 4300: The Income Test of Financial Eligibility). Count all contributions of the sponsor to the refugee as income. Disregard the refugee's income and resources which remain in the country of exile and are unavailable to them.

Step 9: Refer Employable Applicants to the Divison of Employment Services (DES)

Employable recipients of the RRP who have been in the United States for at least 60 days must register for work with DES. Determine if the applicant is employable (see CAG 7143: Definition of Employability) and make appropriate referrals. DES Form 2988W is acceptable proof of registration.

Step 10: Determine Food Stamp Eligibility

Determine the eligibility of RRP applicants for food stamps in the usual manner.

Step 11: Provide Information on DSS and Make Appropriate Referrals

Inform the applicant that the Department of Social Services funds many refugee oriented programs such as English language classes and employment counseling. Encourage refugees to take advantage of these services. The usual DSS services are also available to refugees who need them. Complete the SOC-7 to refer clients who request services to DSS.

Step 12: Approve or Deny Application

If all required verifications are present and the applicant has met all of the eligibility requirements of the RRP, go to Step 13.

If the applicant is not eligible, or has not provided all required verifications within a reasonable period (see CAG 7144: Handling Verification Problems), deny the application. Send an NFL-5, citing the appropriate section of 106 CMR 328: Refugee Resettlement Program. Determine eligibility for other assistance programs.

Step 13: Determine Benefits

Determine financial benefits according to the AFDC standard for the number of people in the assistance unit. Grant full medical benefits, PGH services, and all AFDC related benefits with the exception that refugees are not entitled to transportation assistance (see CAG 4810: AFDC Related Benefits). N.B. The AFDC earned income exemptions are to be used for all refugees with earned income.

Step 14: Determine Potential Eligibility for AFDC

Determine potential eligibility for AFDC by considering the AFDC factors of family composition and deprivation. This information is required for coding.

Step 15: Complete Turnaround Document (TD)

Complete a TD for every approved RRP case. Write category number "0" in block 4. Write the proper action reason codes in blocks 19 and 60 (see CAG 7147: Action Reason Codes). Record country of origin, name and address of resettlement agency, and date of entry in the remarks section of the TD. If there is more than one date of entry within the assistance unit, record the earliest date. Complete the remainder of the TD as usual.

Step 16: Send Approval Letter

Send an NFL-4 to notify the applicant that the case has been approved.

7130 Processing RRP MA-Only Applications

Applicants who qualify for RRP financial assistance automatically qualify for medical assistance as well; however, application for MA-Only, must be processed according to the procedures described in this section.

An applicant for MA-Only from the RRP must meet the requirements of Refugee Status, Residence, Date of Entry, and the MA standard for income and resources. The categorical requirement of deprivation, age and disability do not apply; however, potential eligibility for MA will have to be determined and coded.

The steps in processing applications for MA-Only are:

Step 1: Verify Refugee Status

Compare verifications of refugee status presented by the applicant with the list provided in CAG 7142: Definition of Refugee Status.

If the Form I-94 or other documentation is missing or does not contain proper verification, the refugee or sponsor must obtain it from the Immigration and Naturalization Service.

Step 2: Determine the Assistance Unit

Exclude all individuals who lack verification of refugee status (see CAG 7142: Definition of Refugee Status). Note that American citizens are granted refugee status provided they are children under 18 and they are living with a refugee parent in a household which contains no nonrefugee parent.

Apply the following rules to the individuals who have verified refugee status:

- each childless unmarried adult is an assistance unit of one person;
- each childless married couple is one assistance unit of two persons;
- children under 18 and their parents or adult caretakers are one assistance unit.

NOTE: refugee minors in foster care are eligible for MA provided the conditions of CAG 7146 (Unaccompanied Refugee Minors) are met.

Step 3: Complete the SS-37

Complete an SS-37 for the assistance unit (use the SS-37A for requests for retroactive assistance). Write RRP across the top. Attach a blank sheet of paper to the SS-37. Write RRP across the top. Write the name and address of the resettlement agency on this paper. This sheet will also be used to record information in steps 4 and 5.

Step 4: Contact Sponsor

The sponsor and resettlement agency are usually not the same. Resettlement is usually done by a national voluntary agency which turns continuing responsibility over to a local sponsor. See CAG 7145: Responsibilities of Sponsors.

Notify the sponsor of the recipient's application. Ask if the sponsor is providing the refugee with a Federal Matching Grant or other income. Enter this information on the paper attached to the SS-37. Except in an emergency, contact with the sponsor must be made before approval of the case. In an emergency, if it is not possible to contact the sponsor, indicate the nature of the emergency and the contact attempts in the case record. Contact the sponsor within thirty days of approving the case.

Step 5: Verify Date of Entry

Eligibility for the RRP is limited to 3 years (36 months) from date of entry into the United States.

Check the date that the refugee entered the United States. The date should be printed on the bottom right of the Form I-94. If the entry date is not listed on the I-94, ask the sponsor for this information. Record the date of entry on the paper attached to the SS-37. If family members entered on different dates, indicate the dates of entry and the name or dependent number of each. Otherwise, write the date of entry of the family unit. Determine if the date of entry of the refugee falls within the RRP eligibility period.

Step 6: Verify Residence

Verify the residence of the assistance unit in the usual manner.

Step 7: Refer Appropriate Applicants to Social Security Administration

Refer applicants who are over 65, blind or disabled to the Social Security Administration to apply for SSI benefits. Until SSI benefits begin, applicants who qualify for the RRP are entitled to collect RRP benefits. Explain to refugees that they must notify you when benefits begin.

Step 8: Verify Income and Resources

Income and resource limits are the same as those of the MA program. Count all contributions, including income in-kind to the refugee as income. Disregard the income and resources of the sponsors themselves. Do not count refugee resources which remain in the country of exile and are unavailable to them.

Step 9: Provide Information on DSS and Make Appropriate Referrals

Inform the applicant that the Department of Social Services funds many refugee oriented programs, such as English language classes and employment counseling. Encourage refugees to take advantage of these services. The usual DSS services are also available to refugees who need them. Complete the SOC-7 to refer clients who request services to DSS.

Step 10: Approve or Deny Application

If all required verifications are present and the applicant has met all of the eligibility requirements of the RRP, go to Step 11.

If the applicant is not eligible, or has not provided all required verifications within a reasonable period (see CAG 7144: Handling verification Problems), deny the application. Send an NFL-5, citing the appropriate section of 106 CMR 328: Refugee Resettlement Program. Determine eligibility for MA.

Step 11: Determine Potential MA Eligibility

Determine potential eligibility for MA by considering the categorical factors of age, deprivation, and disability. This information must be coded for reimbursement purposes. If a medical report indicates disability will last a year or more code as a potential MA eligible case. The State Medical Review Team is not to be used.

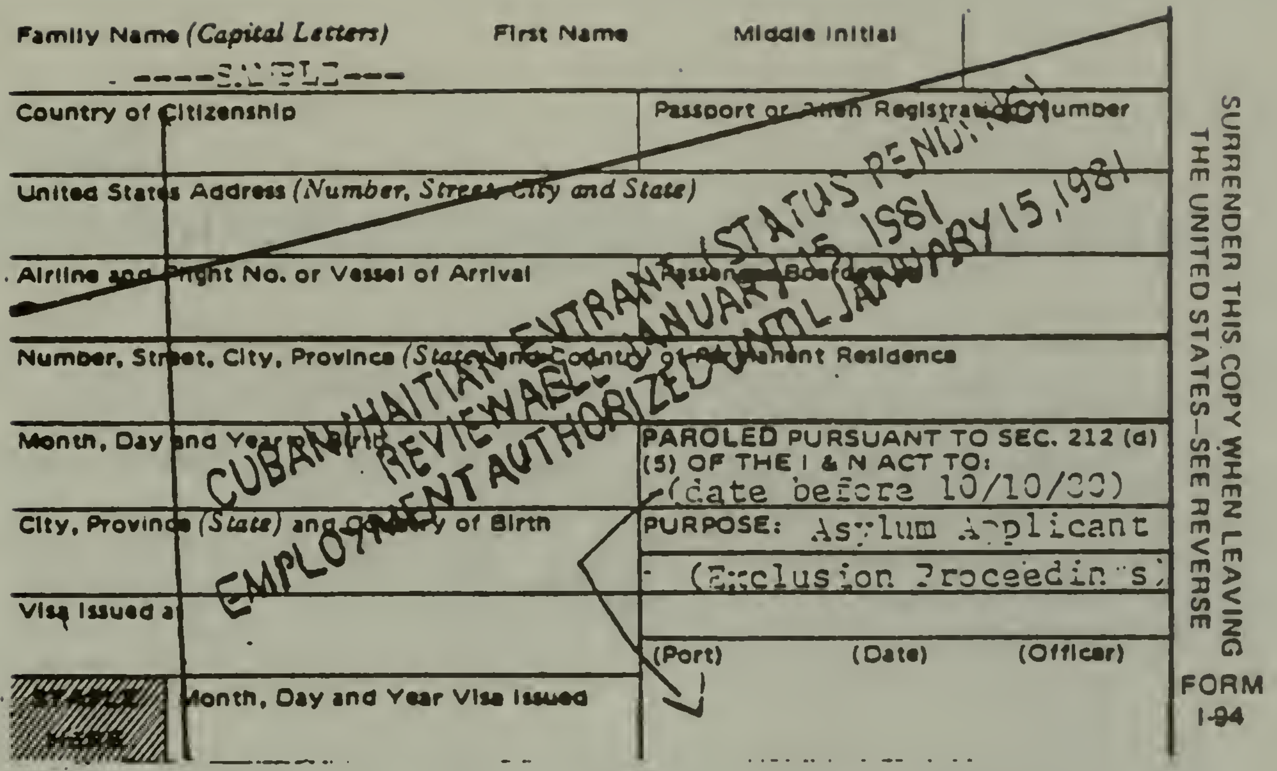
Step 12: Complete Turnaround Document (TD)

Complete a TD for every approved RRP case. Write category number "0" in block 4. Write the proper action reason codes in blocks 19 and 60 (see CAG 7145: Action Reason Codes). Record country of origin, name and address of resettlement agency, and date of entry in the remarks section of the TD. If there is more than one date of entry within the assistance unit, record the earliest date. Complete the remainder of the TD as usual.

Step 13: Send Approval Letter

Send an NFL-4 to notify the applicant that the case has been approved.

ATTACHMENT



Family Name (Capital Letters) First Name Middle Initial

----SAMPLE---

Country of Citizenship

Passport or Alien Registration Number

United States Address (Number, Street, City and State)

Airline and Flight No. or Vessel of Arrival

Passenger Boarded at

Number, Street, City, Province (State) and Country of Permanent Residence

Month, Day and Year of Birth

City, Province (State) and Country of Birth

Visa Issued at

STAPLE HERE

Month, Day and Year Visa Issued

CUBAN/HAITIAN ENTRANT (STATUS PENDING)
REVIEWABLE JANUARY 15, 1981
EMPLOYMENT AUTHORIZED UNTIL JANUARY 15, 1981

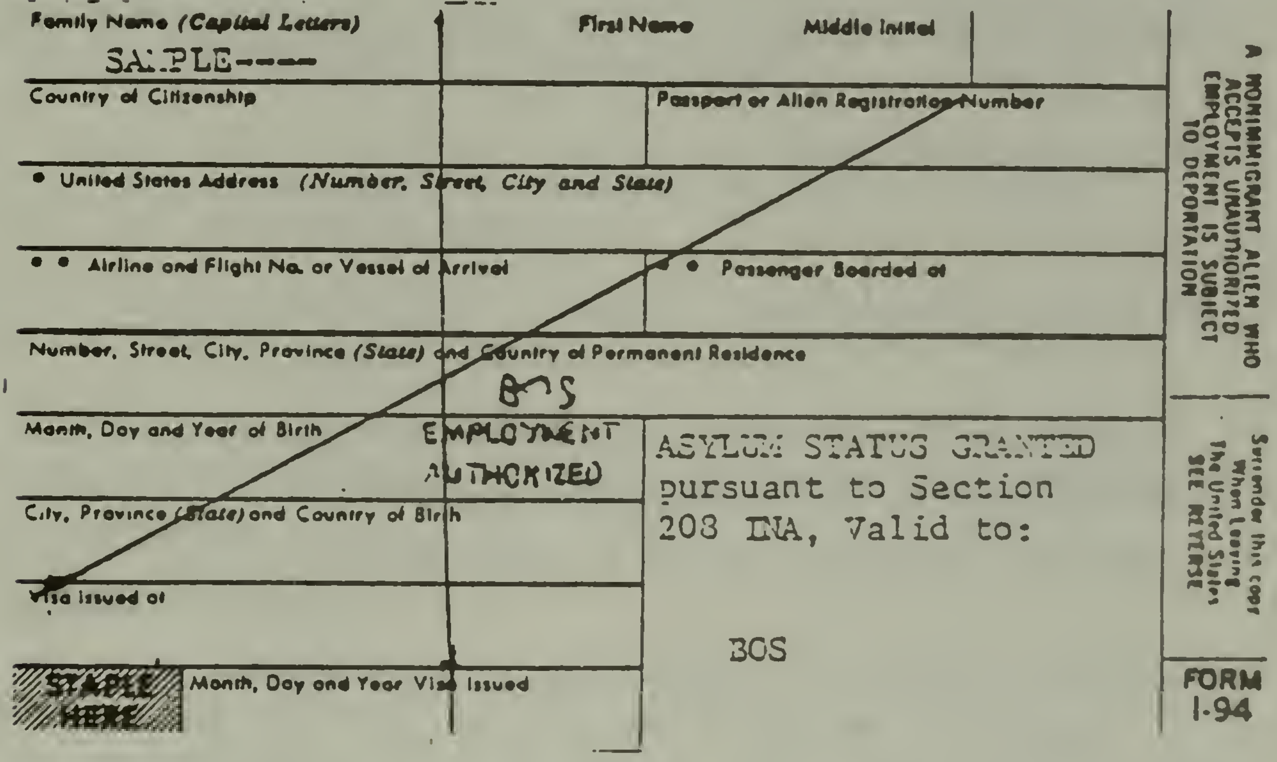
PAROLED PURSUANT TO SEC. 212 (d) (5) OF THE I & N ACT TO:
(date before 10/10/80)

PURPOSE: Asylum Applicant
(Exclusion Proceedings)

(Port) (Date) (Officer)

SURRENDER THIS COPY WHEN LEAVING THE UNITED STATES—SEE REVERSE

FORM I-94



Family Name (Capital Letters) First Name Middle Initial

SAMPLE----

Country of Citizenship

Passport or Alien Registration Number

• United States Address (Number, Street, City and State)

• • Airline and Flight No. or Vessel of Arrival

• • Passenger Boarded at

Number, Street, City, Province (State) and Country of Permanent Residence

BOS

Month, Day and Year of Birth

EMPLOYMENT AUTHORIZED

ASYLUM STATUS GRANTED
pursuant to Section
208 INA, Valid to:

BOS

City, Province (State) and Country of Birth

Visa issued at

STAPLE HERE

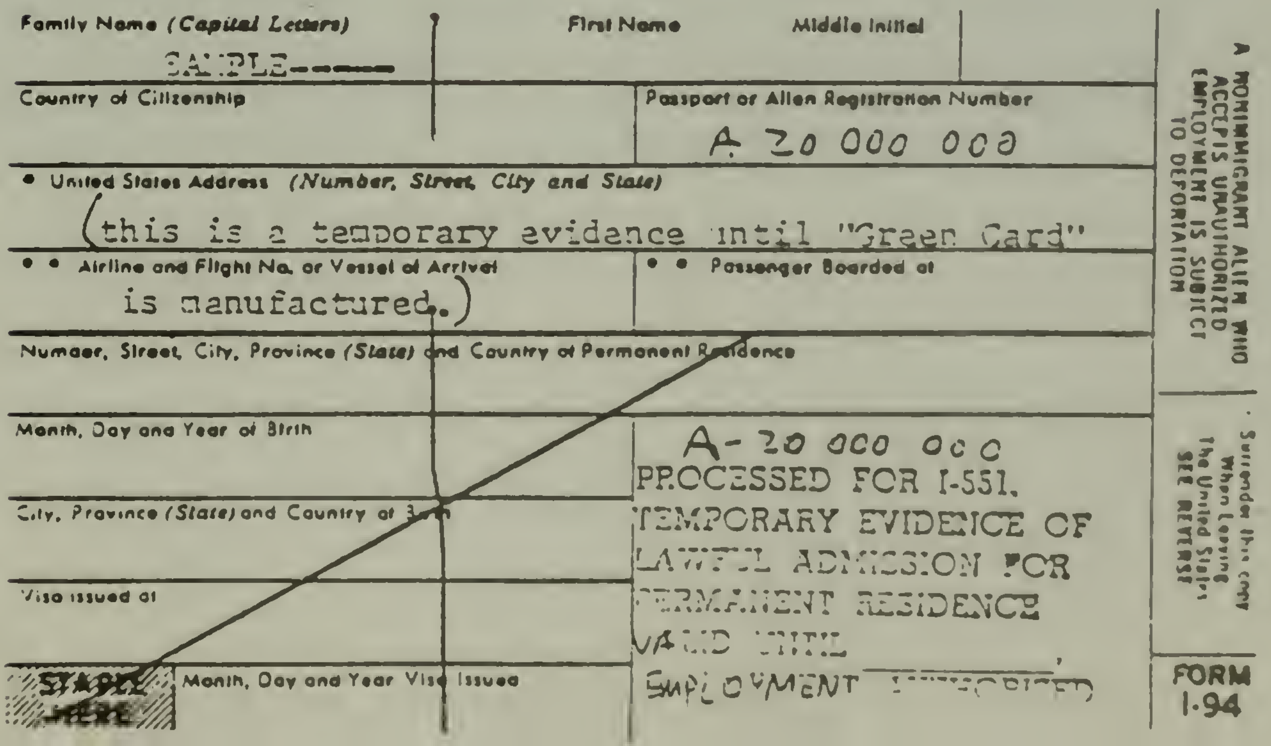
Month, Day and Year Visa Issued

A NONIMMIGRANT ALIEN WHO ACCEPTS UNAUTHORIZED EMPLOYMENT IS SUBJECT TO DEPORTATION

Surrender this copy When Leaving The United States SEE REVERSE

FORM I-94

May Be
Stamped on
Passport or
Other
Documents



Family Name (Capital Letters) First Name Middle Initial

SAMPLE-----

Country of Citizenship

Passport or Alien Registration Number

A 20 000 000

• United States Address (Number, Street, City and State)

(this is a temporary evidence until "Green Card"

• • Airline and Flight No. or Vessel of Arrival

is manufactured.)

• • Passenger Boarded at

Number, Street, City, Province (State) and Country of Permanent Residence

Month, Day and Year of Birth

A-20 000 000
PROCESSED FOR I-551.
TEMPORARY EVIDENCE OF
LAWFUL ADMISSION FOR
PERMANENT RESIDENCE
VALID UNTIL
EMPLOYMENT AUTHORIZED

City, Province (State) and Country of Birth

Visa issued at

STAPLE HERE

Month, Day and Year Visa Issued

A NONIMMIGRANT ALIEN WHO ACCEPTS UNAUTHORIZED EMPLOYMENT IS SUBJECT TO DEPORTATION

Surrender this copy When Leaving The United States SEE REVERSE

FORM I-94

7140 RRP Redetermination

Use the normal AFDC and MA procedures to redetermine RRP eligibility for financial and MA-Only assistance, with the following additional actions:

- review the status of any refugee whose application for SSI is still pending. If the client has been denied benefits, place a copy of the denial letter in the case record. If the client has been approved for SSI benefits, remove that person from the assistance unit and the grant. Close the case if no other eligible person is in the assistance unit. If the SSI applicant claims to have not yet been notified, check the masterfile on categories 1 or 3 or contact the SSI office to verify the statement;

- refer recipients who may have become eligible for SSI benefits to the Social Security Administration (see CAG 7120, Step 7: Refer Appropriate Applicants to Social Security Administration);

- contact the sponsor if the application for assistance was taken after March 12, 1981 and contact with the sponsor has not yet occurred (see CAG 7120 Step 4: Contact Sponsor);

- review date of entry into the U.S. to verify that 36 month period of eligibility for RRP has not expired;

- inform of DSS programs and make appropriate referrals (see CAG 7120, Step 11: Provide Information on DSS and Make Appropriate Referrals);

- check accuracy of action reason codes in blocks 19 and 60 (see CAG 7147: Action Reason Codes); and

- review the DES work registration of recipients of financial assistance. Verify work registration of clients who were referred to DES by recording the presence of a DES Form 2988-W. This form should be regularly updated by the client. The RRP recipient of financial aid is obligated to accept any employment or training opportunity that DES deems to be appropriate. Determine if previously exempt individuals are now employable (see CAG 7143: Definition of Employability).

7141 Case Maintenance

When appropriate, the following activities should be scheduled before the next redetermination:

- review the status of the SSI application of a refugee who seems likely to be approved (e.g., over 65);
- verify the work registration of a recipient of financial assistance who has become employable;
- terminate the RRP participation of refugees whose date of entry into the United States is more than 36 months ago, and determine if they are eligible for some other category of assistance; and
- contact the sponsoring agency if contact is required but was not done at intake. See CAG 7120, Step 4: Contact Sponsoring Resettlement Agency.

7142 Definition of Refugee Status

To qualify for the RRP, the applicant must have one of the following verifications:

(1) A Form I-94 indicating that the applicant:

- a. has been paroled into the U.S. under section 212(d)(5) of the Immigration and Naturalization Act (INA) as a refugee or asylee; or
- b. has been paroled into the U.S. under section 212(d)(5) of the INA. The I-94 must also indicate that the applicant was issued the form prior to June 1980 and is a Cambodian, a Laotian, or a Vietnames, or that the applicant is Cuban and was issued the form prior to April 21, 1980. In this case the I-94 need not indicate paroled as a refugee or asylee; or
- c. has conditional entry status under section 203(A)(7) of the INA; or
- d. was admitted as a refugee under section 207 of the INA; or
- e. has been granted asylum under section 208 of the INA; or
- f. is a Cuban/Haitian Entrant. The I-94 form must be stamped "Cuban/Haitian Entrant (Status Pending) Reviewable January 15, 1981. Employment Authorized Until January 15, 1981." The I-94 need not have been updated.

(2) A Form I-151 or I-551 indicating that the applicant is currently a resident alien, provided the form also indicates that the applicant previously met a status listed in (1) above.

(3) A record of having been a recipient of the Vietnamese and Cambodian Refugee Program or the Cuban Refugee Program on March 13, 1981.

(4) American citizenship and the status of being a minor child of a refugee parent while living in a family unit containing the child and two refugee parents or consisting of the child (or children) and a single parent who is a refugee.

This list contains the only acceptable verification. Other documentation, such as an I-94 stamped "Applicant for Asylum", is not acceptable.

7143 Definition of Employability

An individual is employable except under the following conditions, which must be verified:

1. Under age 16.
2. Under age 21 and attending a school or training program full time.
3. Attending a DPW approved school or training program. (At present, none have been approved.)
4. Illness or incapacity.
5. Age 65 or over.
6. Presence in the home required because of illness or incapacity of another member of the household.
7. Mother or other caretaker of child or children under six.
8. Mother or other caretaker of a child when the father or other adult relative is registered with D.E.S. and has not refused employment without good cause.

Note that inability to speak English is not one of the conditions.

Employable refugees who have been in the U.S. for at least sixty days must be registered with the Division of Employment Security in order to qualify for the RRP.

7142 Definition of Refugee Status

To qualify for the RRP, the applicant must have one of the following verifications:

(1) Form I-94 indicating that the applicant:

a. has been paroled into the U.S. under section 212(d)(5) of the Immigration and Naturalization Act (INA) as a refugee or asylee; or

b. has been paroled into the U.S. under section 212(d)(5) of the INA (The I-94 must also indicate that the applicant was issued the form prior to June 1980 and is a Cambodian, a Laotian, or a Vietnamese, or that the applicant is Cuban and was issued the form prior to April 21, 1980. In this case the I-94 need not indicate paroled as a refugee or asylee.); or

c. has conditional entry status under section 203(A)(7) of the INA; or

d. was admitted as a refugee under section 207 of the INA; or

e. has been granted asylum under section 208 of the INA; or

f. is a Cuban/Haitian Entrant (The I-94 form must be stamped "Cuban/Haitian Entrant (Status Pending) or contain the initials "OOE" - not the words "Outstanding Order of Exclusion".); or

g. is a citizen of Cuba, has been "paroled", and indicates that (s)he either entered the USA or was paroled after April 20, 1980; or

h. is a citizen of Haiti who has been granted "Voluntary Departure", or has been "paroled".

The individuals in "f", "g" and "h" may be eligible even if the expiration date on their "paroled" or "voluntary departure" status has expired.

N.B. The I-94 is a temporary form that is sometimes replaced by the I-151 or I-551.

(2) Form I-151 and a written statement from INS which indicates that the applicant met a status listed in (1) above.

(3) Form I-551 with one of the following codes:

   a. CU-6, CU-7, CU-8, CU-9 based upon the Cuban Adjustment Act PL 89-732. These codes relate to Cuban Refugees admitted prior to 9/30/78;

   b. P7-1 Conditional Entrants Section 203 (A) (7) of the INA;

   c. R8-6, R8-7 Refugee Parolee Section 212 (d) (5), Adjustment PA 95-145;

   d. IC-6, IC-7, IC-8 Indochinese Adjustment PL 95-145 relates to Cambodian, Laotian Paroled into U.S. under Section 212 (d) (5) of INA;

   e. RE-6, RE-7, RE-8, Section 209A Refugee Adjustment, PL 96-212 Refugee Act of 1980; and

   f. AS-6, AS-7, AS-8, Section 256B Asylee Adjustment, PL 96-212 Refugee Act of 1980.

(4) record of having been a recipient of the Vietnamese and Cambodian Refugee Program or the Cuban Refugee Program on March 13, 1981; and

(5) birth record which establishes American citizenship and is a minor child of a refugee parent while living in a family unit containing the child and one or both refugee parents.

This list contains the only acceptable verification. Other documentation, such as an I-94 stamped "Applicant for Asylum", is not acceptable.

(4) record of having been a recipient of the Vietnamese and Cambodian Refugee Program or the Cuban Refugee Program on March 13, 1981; and

(5) birth record which establishes American citizenship and the status of being minor child of a refugee parent while living in a family unit containing the child and two refugee parents or consisting of the child (or children) and a single parent who is a refugee.

This list contains the only acceptable verification. Other documentation, such as an I-94 stamped "Applicant for Asylum", is not acceptable.

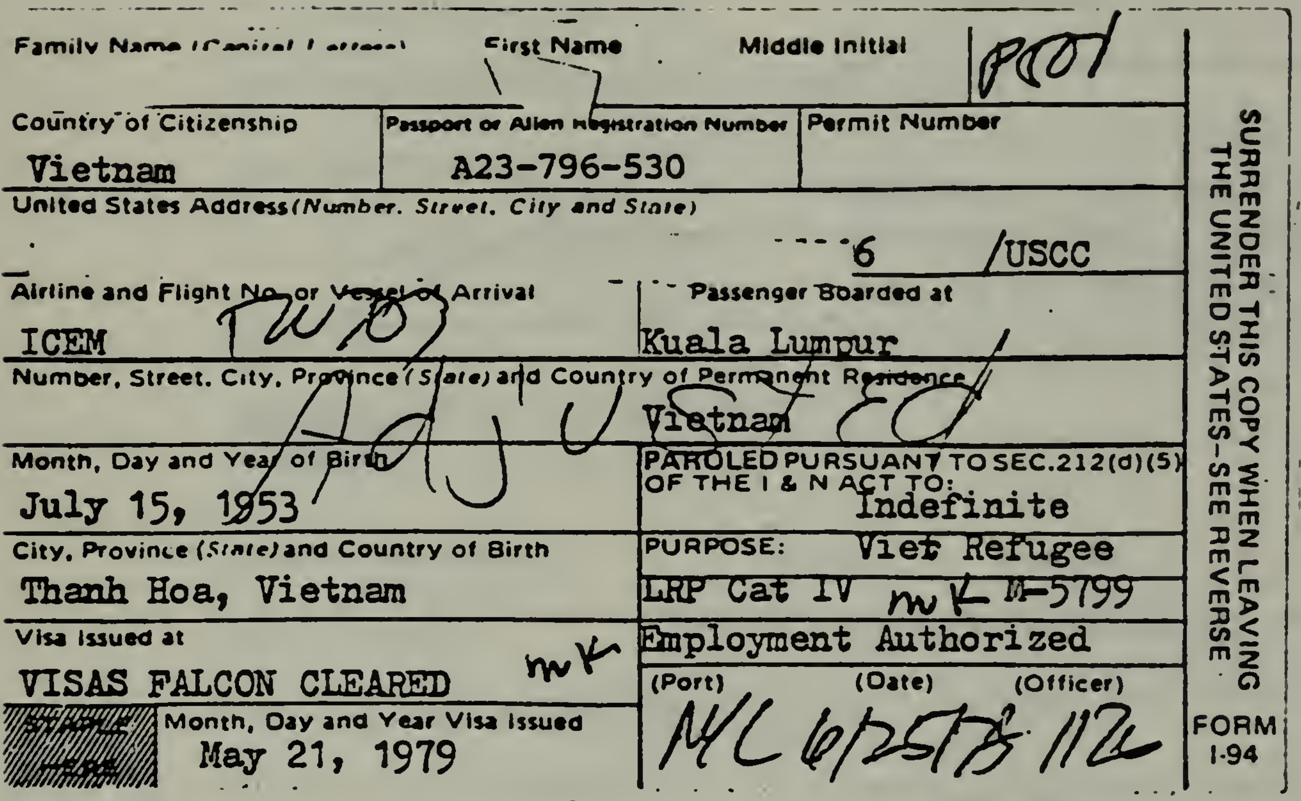
7143: Work and Training Requirements

Refugees must meet the AFDC Work and Training Requirements after the first sixty days in the country. Cuban/Haitian Entrants must meet the AFDC Work and Training Requirements sixty days after entrant status is granted.

The WTP procedures as contained in Chapter IV-Section 4500 of the AFDC Worker Handbook will now apply to all Refugees/Entrants, including those who are required to register for WTP and the sanctions for not participating. The inability to speak English is not an exemption from participating in the WTP Program.

Cuban/Haitian Entrants and Refugees who are employed or who are in training, and voluntarily terminate such employment or training, or reduce hours without Good Cause as defined in accordance with Section 106 CMR 307.260), shall be sanctioned in accordance with Section 307.250(B)(1)(2) and (3) (subject to 106 CMR 343 - Fair Hearing Rules, et seq.). The AFDC Procedures specify how the sanctions are to be implemented.

ATTACHMENT



Family Name (Capital Letters) First Name Middle Initial P001

Country of Citizenship	Passport or Alien Registration Number	Permit Number
Vietnam	A23-796-530	

United States Address (Number, Street, City and State)
6 /USCC

Airline and Flight No. or Vessel of Arrival	Passenger Boarded at
ICEM TW107	Kuala Lumpur

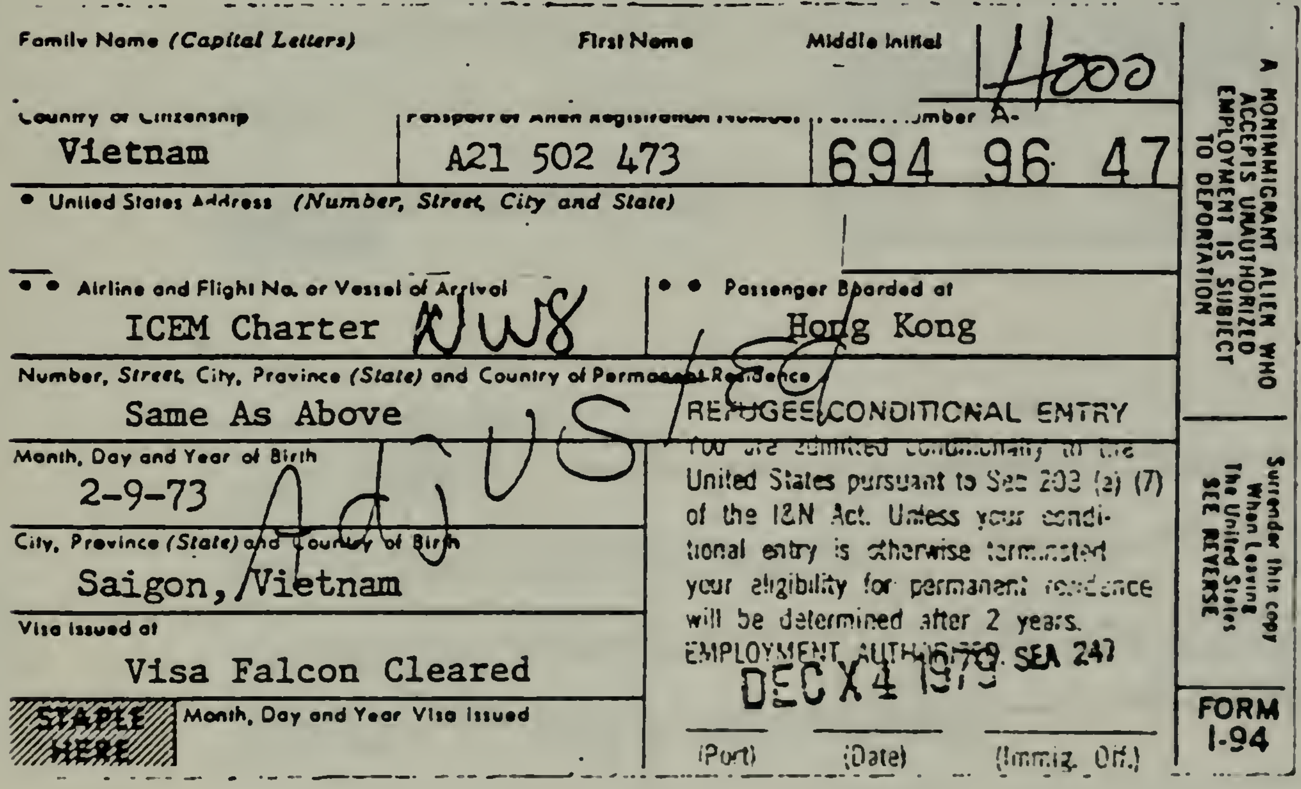
Number, Street, City, Province (State) and Country of Permanent Residence
Vietnam

Adjusted

Month, Day and Year of Birth July 15, 1953	PAROLED PURSUANT TO SEC.212(d)(5) OF THE I & N ACT TO: Indefinite
City, Province (State) and Country of Birth Thanh Hoa, Vietnam	PURPOSE: Viet Refugee LRP Cat IV mK M-5799
Visa issued at VISAS FALCON CLEARED mK	Employment Authorized
STAPLE HERE Month, Day and Year Visa Issued May 21, 1979	(Port) (Date) (Officer) NYC 6/25/79 112

SURRENDER THIS COPY WHEN LEAVING THE UNITED STATES–SEE REVERSE

FORM I-94



Family Name (Capital Letters) First Name Middle Initial H000

Country of Citizenship	Passport or Alien Registration Number	Permit Number A-
Vietnam	A21 502 473	694 96 47

• United States Address (Number, Street, City and State)

• • Airline and Flight No. or Vessel of Arrival	• • Passenger Boarded at
ICEM Charter NW8	Hong Kong

Adjusted

Number, Street, City, Province (State) and Country of Permanent Residence Same As Above	REFUGEE-CONDITIONAL ENTRY
Month, Day and Year of Birth 2-9-73	You are admitted conditionally to the United States pursuant to Sec 203 (a) (7) of the I&N Act. Unless your conditional entry is otherwise terminated your eligibility for permanent residence will be determined after 2 years.
City, Province (State) and Country of Birth Saigon, Vietnam	EMPLOYMENT AUTHORIZED. SEA 247 DEC X4 1979
Visa issued at Visa Falcon Cleared	
STAPLE HERE Month, Day and Year Visa Issued	(Port) (Date) (Immig. Off.)

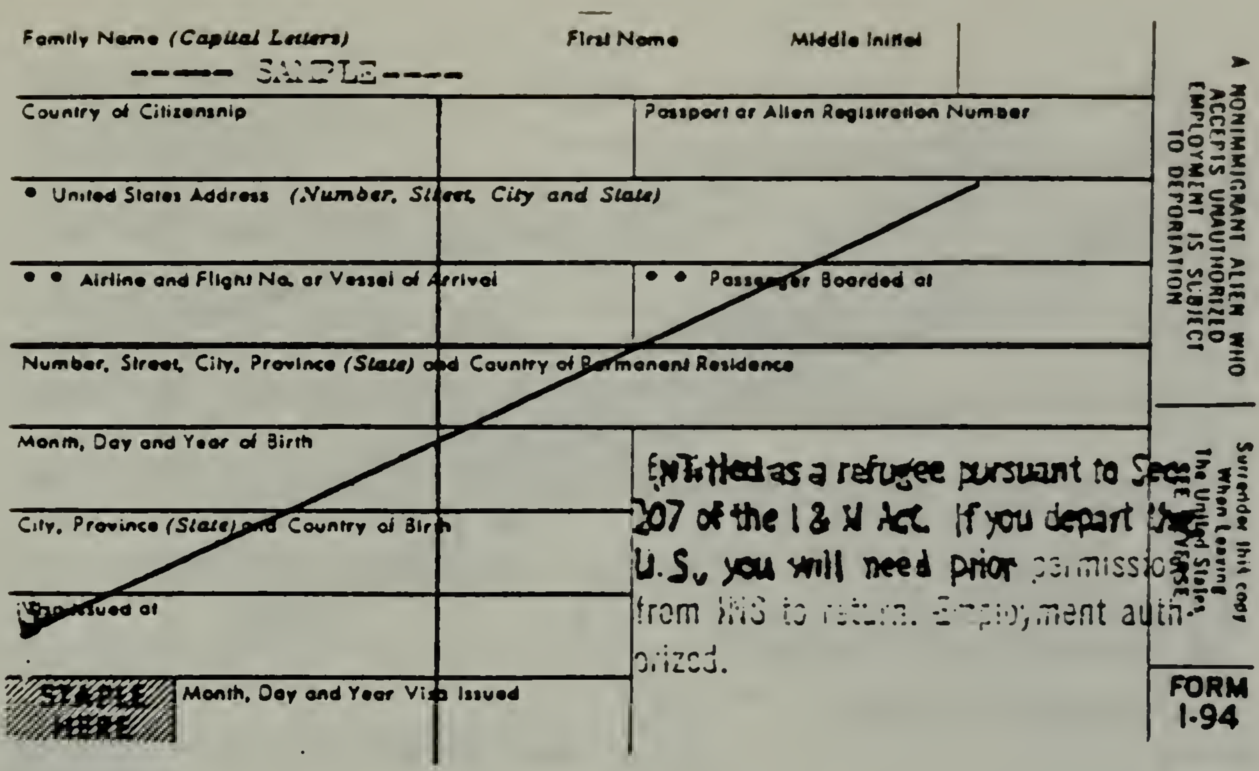
A NONIMMIGRANT ALIEN WHO ACCEPTS UNAUTHORIZED EMPLOYMENT IS SUBJECT TO DEPORTATION

Surrender this copy When Leaving The United States SEE REVERSE

FORM I-94

ATTACHMENT

Refugee
Arrivals
Before
4/1/80



Family Name (Capital Letters) First Name Middle Initial
------ SAMPLE ----
Country of Citizenship
Passport or Alien Registration Number
• United States Address (Number, Street, City and State)
• • Airline and Flight No. or Vessel of Arrival
• • Passenger Boarded at
Number, Street, City, Province (State) and Country of Permanent Residence
Month, Day and Year of Birth
City, Province (State) and Country of Birth
Visa Issued at
STAPLE HERE
Month, Day and Year Visa Issued

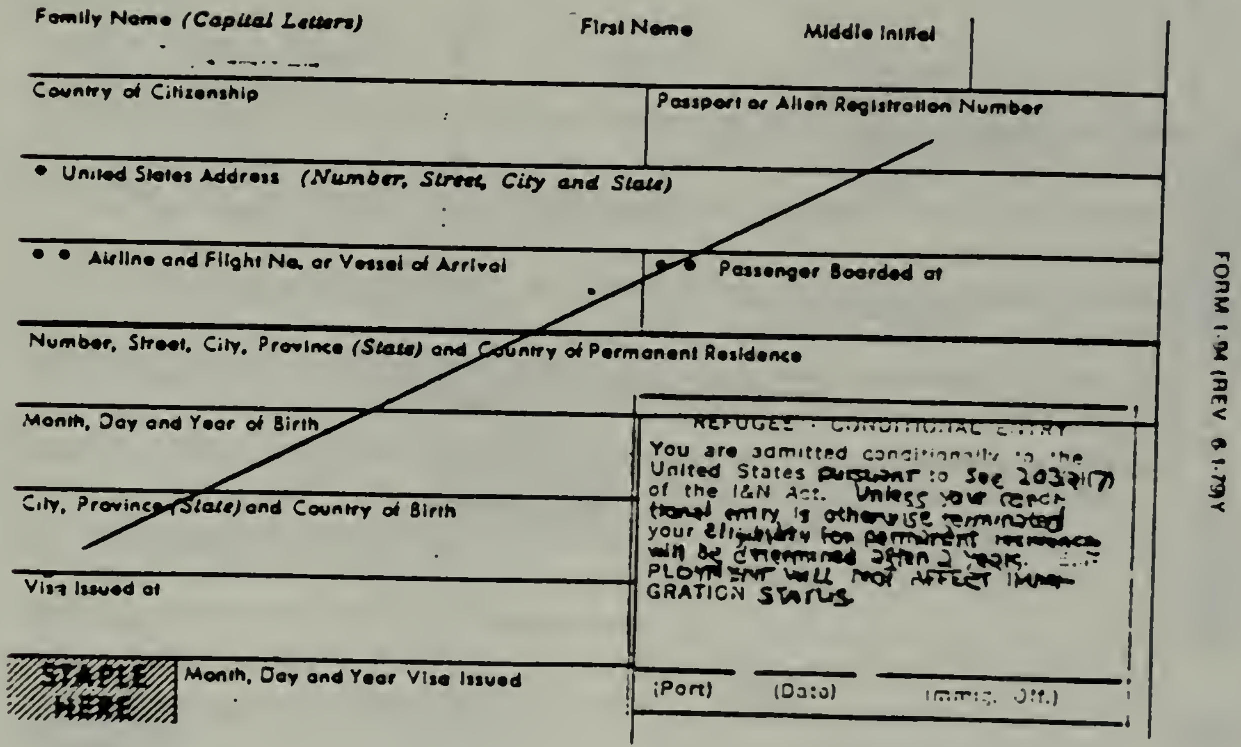
Entitled as a refugee pursuant to Sec. 207 of the I & N Act. If you depart the U.S., you will need prior permission from INS to return. Employment authorized.

A NONIMMIGRANT ALIEN WHO ACCEPTS UNAUTHORIZED EMPLOYMENT IS SUBJECT TO DEPORTATION

Surrender this copy When Leaving The United States SEE REVERSE

FORM I-94

Refugee
Arrivals
Before
4/1/80



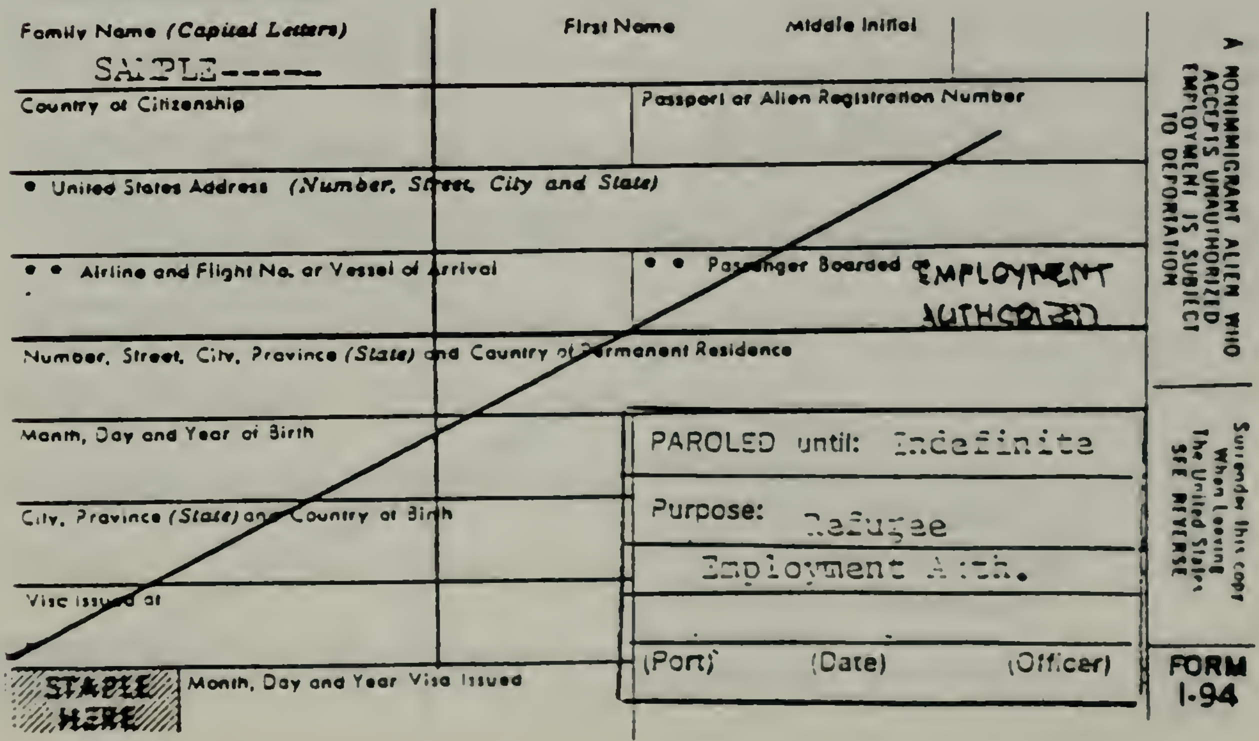
Family Name (Capital Letters) First Name Middle Initial
Country of Citizenship
Passport or Alien Registration Number
• United States Address (Number, Street, City and State)
• • Airline and Flight No. or Vessel of Arrival
• • Passenger Boarded at
Number, Street, City, Province (State) and Country of Permanent Residence
Month, Day and Year of Birth
City, Province (State) and Country of Birth
Visa Issued at
STAPLE HERE
Month, Day and Year Visa Issued

REFUGEE · CONDITIONAL ENTRY
You are admitted conditionally to the United States pursuant to Sec 203(a)(7) of the I&N Act. Unless your conditional entry is otherwise terminated your eligibility for permanent residence will be determined after 2 years. EMPLOYMENT WILL NOT AFFECT IMMIGRATION STATUS

(Port) (Date) (Immig. Off.)

FORM I-94 (REV. 6-1-79)Y

Refugee
Arrivals
After
4/1/80



Family Name (Capital Letters) First Name Middle Initial
SAMPLE-----
Country of Citizenship
Passport or Alien Registration Number
• United States Address (Number, Street, City and State)
• • Airline and Flight No. or Vessel of Arrival
• • Passenger Boarded at EMPLOYMENT AUTHORIZED
Number, Street, City, Province (State) and Country of Permanent Residence
Month, Day and Year of Birth
City, Province (State) and Country of Birth
Visa Issued at
STAPLE HERE
Month, Day and Year Visa Issued

PAROLED until: Indefinite
Purpose: Refugee
Employment Auth.

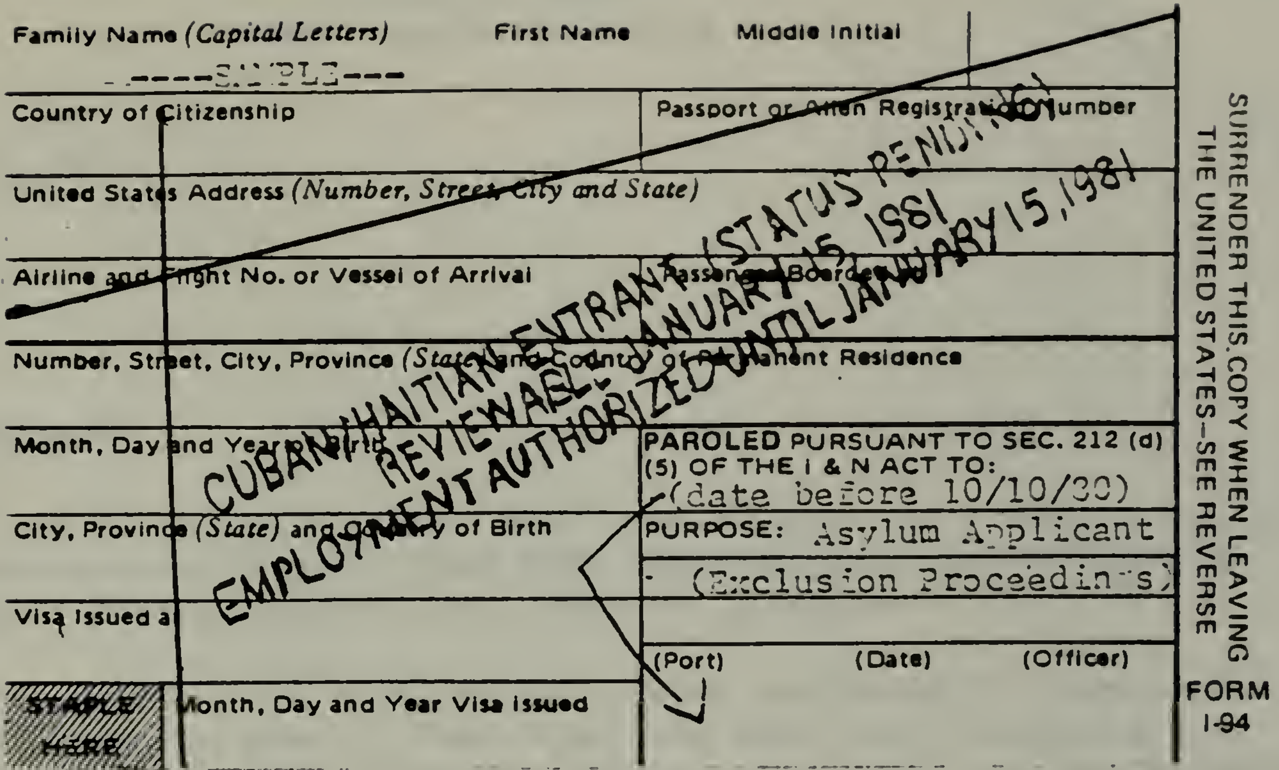
(Port) (Date) (Officer)

A NONIMMIGRANT ALIEN WHO ACCEPTS UNAUTHORIZED EMPLOYMENT IS SUBJECT TO DEPORTATION

Surrender this copy When Leaving The United States SEE REVERSE

FORM I-94

Accompanies
Asylum
Letter



Family Name *(Capital Letters)* First Name Middle Initial
SAMPLE---
Country of Citizenship
Passport or Alien Registration Number
United States Address *(Number, Street, City and State)*
Airline and Flight No. or Vessel of Arrival
Passenger Boarded at
Number, Street, City, Province *(State)* and Country of Permanent Residence
Month, Day and Year of Birth
City, Province *(State)* and Country of Birth
Visa Issued at
STAPLE HERE
Month, Day and Year Visa Issued

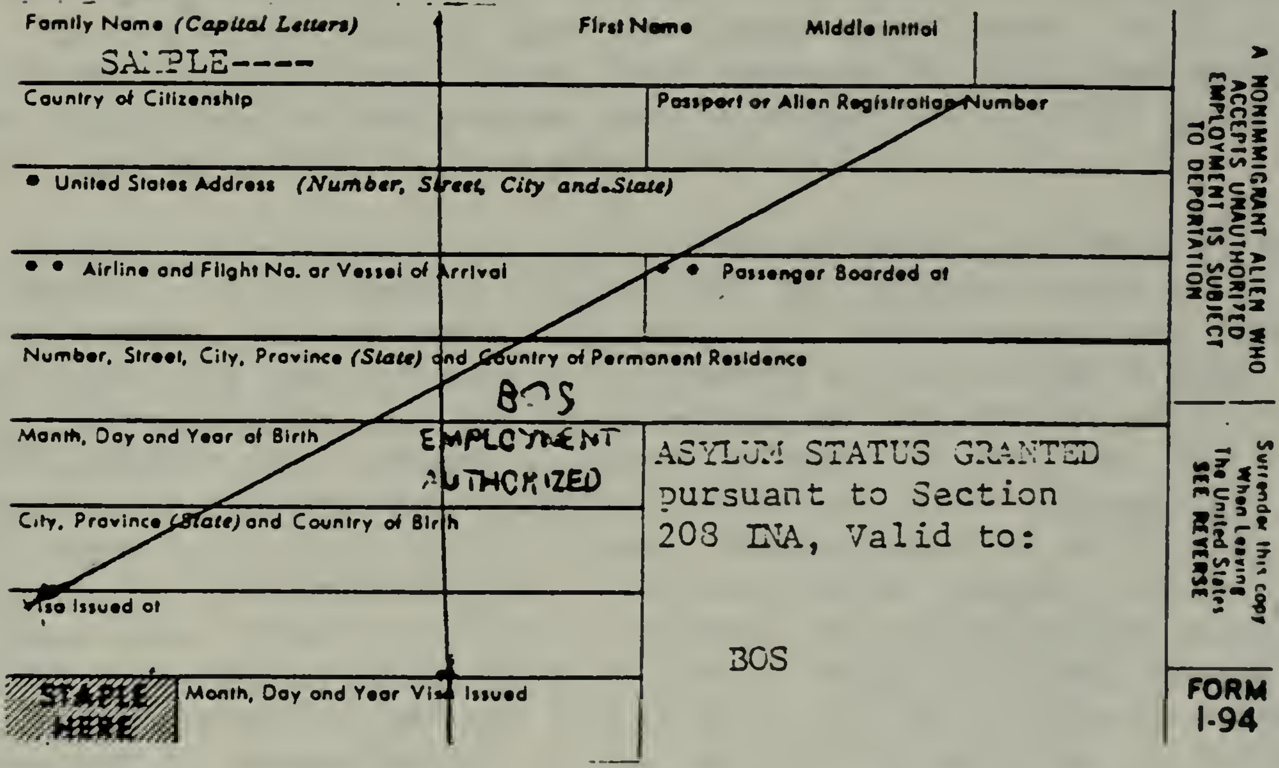
PAROLED PURSUANT TO SEC. 212 (d) (5) OF THE I & N ACT TO:
(date before 10/10/80)
PURPOSE: Asylum Applicant
(Exclusion Proceedings)
(Port) (Date) (Officer)

CUBAN/HAITIAN ENTRANT (STATUS PENDING)
REVIEWABLE JANUARY 15, 1981
EMPLOYMENT AUTHORIZED UNTIL JANUARY 15, 1981

SURRENDER THIS COPY WHEN LEAVING THE UNITED STATES—SEE REVERSE

FORM I-94

Accompanies
Asylum
Letter



Family Name *(Capital Letters)* First Name Middle Initial
SAMPLE----
Country of Citizenship
Passport or Alien Registration Number
• United States Address *(Number, Street, City and State)*
• • Airline and Flight No. or Vessel of Arrival
• • Passenger Boarded at
Number, Street, City, Province *(State)* and Country of Permanent Residence
BOS
EMPLOYMENT AUTHORIZED
Month, Day and Year of Birth
City, Province *(State)* and Country of Birth
Visa Issued at
STAPLE HERE
Month, Day and Year Visa Issued

ASYLUM STATUS GRANTED pursuant to Section 208 INA, Valid to:

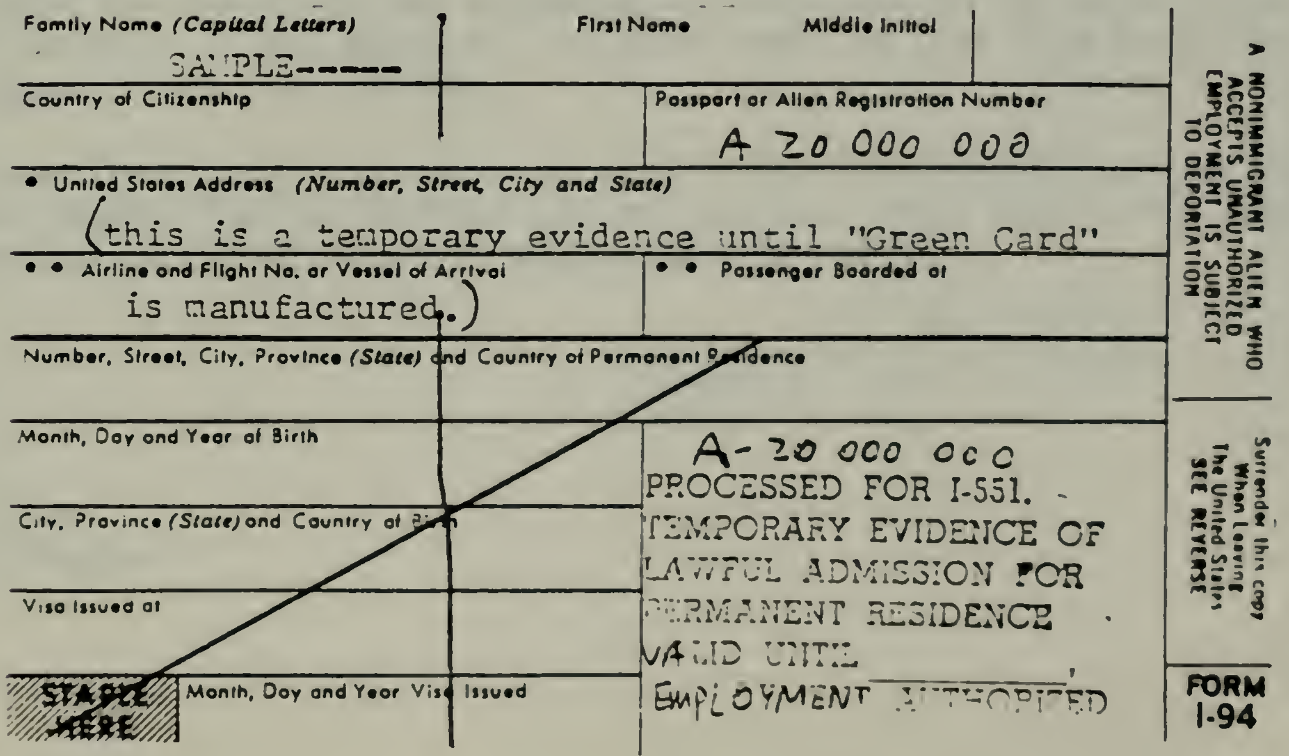
BOS

A NONIMMIGRANT ALIEN WHO ACCEPTS UNAUTHORIZED EMPLOYMENT IS SUBJECT TO DEPORTATION

Surrender this copy When Leaving The United States SEE REVERSE

FORM I-94

May Be
Stamped on
Passport or
Other
Documents



Family Name *(Capital Letters)* First Name Middle Initial
SAMPLE-----
Country of Citizenship
Passport or Alien Registration Number
A 20 000 000
• United States Address *(Number, Street, City and State)*
(this is a temporary evidence until "Green Card"
• • Airline and Flight No. or Vessel of Arrival
• • Passenger Boarded at
is manufactured.)
Number, Street, City, Province *(State)* and Country of Permanent Residence
Month, Day and Year of Birth
City, Province *(State)* and Country of Birth
Visa Issued at
STAPLE HERE
Month, Day and Year Visa Issued

A-20 000 000
PROCESSED FOR I-551.
TEMPORARY EVIDENCE OF LAWFUL ADMISSION FOR PERMANENT RESIDENCE
VALID UNTIL
EMPLOYMENT AUTHORIZED

A NONIMMIGRANT ALIEN WHO ACCEPTS UNAUTHORIZED EMPLOYMENT IS SUBJECT TO DEPORTATION

Surrender this copy When Leaving The United States SEE REVERSE

FORM I-94

ATTACHMENT

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE
JOHN FITZGERALD KENNEDY FEDERAL BUILDING
GOVERNMENT CENTER
BOSTON, MASSACHUSETTS 02203

PLEASE REFER TO THIS FILE NUMBER
A MAR. 26 1981

SAMPLE

Dear Sir/Madame:

This letter is to notify you that your application for political asylum filed on ________ has been approved pursuant to Title 8 of the Code of Federal Regulations, Section 208.8(a).

You have been granted political asylum status valid until ________ . Your file will be reviewed at that time, and each year thereafter, to determine continuing eligibility for asylum and eligibility for adjustment of status. You are authorized to seek and accept employment. If it is determined at any time that conditions have improved in your home country or that the reasons asylum was granted are no longer valid, this grant of asylum status may be revoked upon written notification.

This grant of political asylum does *not* confer permanent resident status in the United States. If you become eligible for an immigrant visa within the regular quota system, you may apply for permanent residence at any time. Following at least one year of physical presence in the United States *after* being granted asylum, you may be eligible for adjustment of status to permanent resident as a refugee pursuant to Section 209(b) of the Immigration and Nationality Act. Section 209(b) and other categories carry strict numerical quota restrictions. Should you wish to travel abroad temporarily, you may apply for a United States Refugee Travel Document. Upon your return, if still a refugee and not otherwise excludable under the Act, you will be readmitted in parole status with employment authorized, as described in Section 212(d)(5) of the Act. However, some absences, subject to determination by the Immigration Service, will break the continuity of your physical presence in this country or delay by a time equal to that of the absence, the attainment of the time required for adjustment by Section 209(b).

To secure confirmation of any extension of this initial one-year period, contact the Travel Control Section of this office, Room 702 in the John F. Kennedy Federal Building, Boston, Massachusetts 02203.

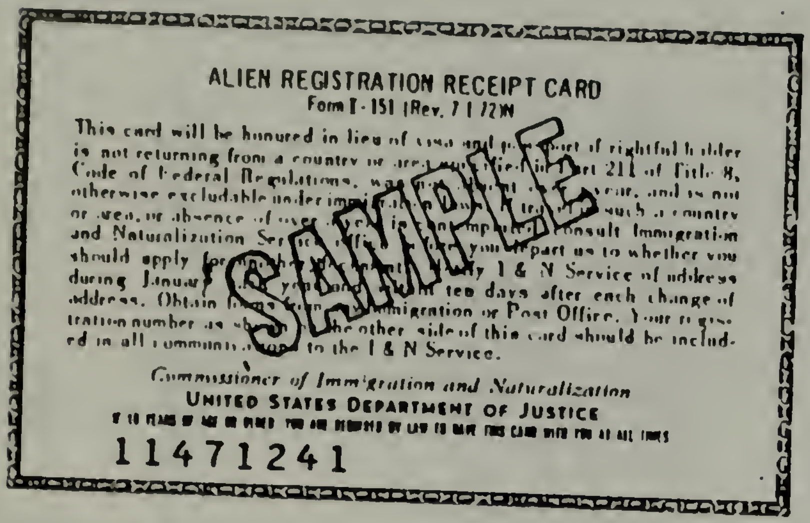
Sincerely,

SAMPLE

SAM I. FELDMAN
District Director

ATTACHMENT

FORM I-151 (ALIEN REGISTRATION RECEIPT CARD)



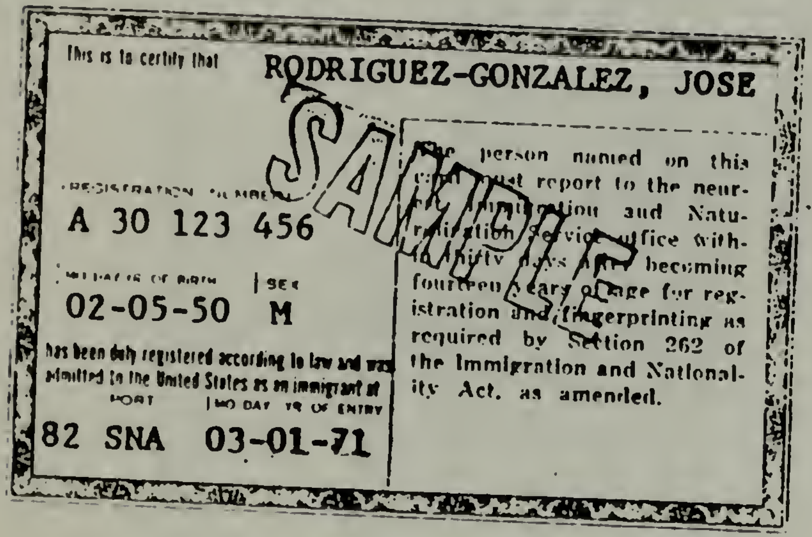
ALIEN REGISTRATION RECEIPT CARD
Form I-151 (Rev. 7-1-72)N

This card will be honored in lieu of visa and passport if rightful holder is not returning from a country or area specified in Part 211 of Title 8, Code of Federal Regulations, was [illegible] year, and is not otherwise excludable under immigration [illegible] such a country or area, or absence of over [illegible] is contemplated, consult Immigration and Naturalization Service [illegible] you [illegible] as to whether you should apply for [illegible] I & N Service of address during January [illegible] ten days after each change of address. Obtain forms from [illegible] Immigration or Post Office. Your registration number as shown on the other side of this card should be included in all communications to the I & N Service.

SAMPLE

Commissioner of Immigration and Naturalization
UNITED STATES DEPARTMENT OF JUSTICE
IF 18 YEARS OF AGE OR OVER YOU ARE REQUIRED BY LAW TO HAVE THIS CARD WITH YOU AT ALL TIMES
11471241

Front—Actual Size



This is to certify that RODRIGUEZ-GONZALEZ, JOSE
REGISTRATION NUMBER A 30 123 456
DATE OF BIRTH 02-05-50 SEX M
has been duly registered according to law and was admitted to the United States as an immigrant at
PORT MO DAY YR OF ENTRY
82 SNA 03-01-71

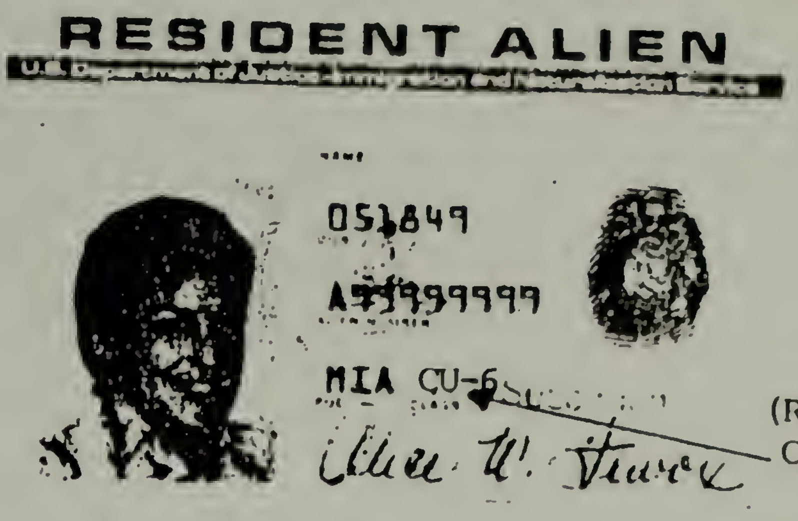
The person named on this card must report to the nearest Immigration and Naturalization Service office within thirty days after becoming fourteen years of age for registration and fingerprinting as required by Section 262 of the Immigration and Nationality Act, as amended.

SAMPLE

Reverse

Aliens lawfully admitted to the United States for permanent residence should be in possession of either Form I-151 or Form I-551, Alien Registration Receipt Cards. Form I-151 is shown above. This card was last revised on 7-1-72 and has a background printing of many small blue circles. Older issues may have a slightly different format and contained either blue or black printing on a background of blue and yellow overlays, or a black printing on a light green background, all have the form number and are laminated in plastic. Employment is permitted.

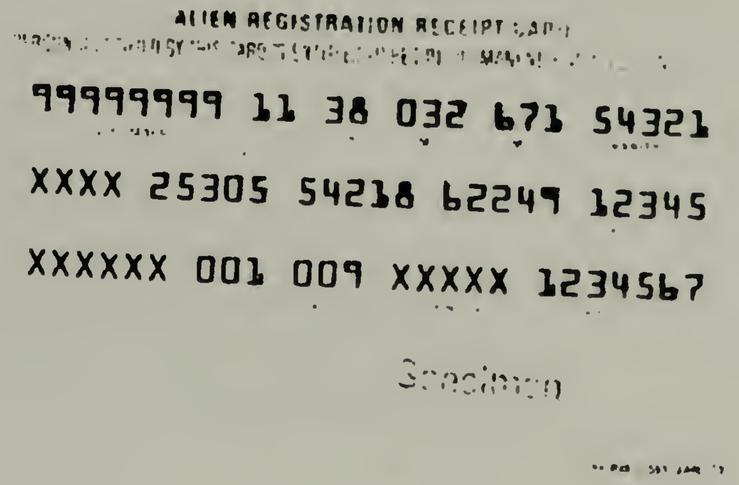
FORM I-551 (ALIEN REGISTRATION RECEIPT CARD)



RESIDENT ALIEN
NAME
051849
A99999999
MIA CU-6

(REFUGEE CLASS CODE)*

Front—Actual Size



ALIEN REGISTRATION RECEIPT CARD

99999999 11 38 032 671 54321
XXXX 25305 54218 62249 12345
XXXXXX 001 009 XXXXX 1234567

Specimen

Reverse

This card, Form I-551, has replaced Form I-151, but both types are valid evidence that an alien has been admitted for permanent residence. The Form I-551 contains the lawful holder's photograph, fingerprint and signature with blue printing superimposed over a white background. Employment is permitted.

*The alien class codes that indicate eligibility for refugee assistance are: CU-6, CU-7, CU-8, CU-9, P7-1, R8-6, R8-7, IC-6, IC-7, IC-8, RE-6, RE-7, RE-8 AS-6, AS-7, AS-8

7144 Handling Verification Problems

Refugees may not be able to obtain normal documentation of certain factors, such as age or marital status. In the absence of more common verifications, the Form I-94 or other INS document is acceptable. If a claim is supported by no written document of any kind, accept the statement of the refugee, unless it is contradicted by other evidence or seems unreasonable. Statements of sponsors may be used to support the refugees' claims. See CSG 2120: Verification, for procedures to follow in recording verifications.

7145 Responsibilities of Sponsors

Resettlement of refugees is usually done by a national voluntary agency which then gives continuing responsibility for the refugees to a local sponsor.

The sponsor may be an individual, a church, a civic organization, or other local group. The responsibilities of the sponsor include receiving refugees from the resettlement agency; providing initial shelter, food, clothing and pocket money; providing assistance in finding employment; assisting refugees in locating permanent housing; and, in general, helping refugees adjust to a new culture.

When necessary to determine eligibility for the RRP, ask the sponsor to provide information or to assist the refugee in obtaining it.

7146 Unaccompanied Minors

The Department of Social Services (DSS) has custody of unaccompanied refugee minors entering Massachusetts. DSS will place these children in foster care through private agencies. However, the DPW must provide medical assistance under the RRP.

MA applications are filed at the CSAO/WSO by the private agency, in accordance with MPAPM, Ch. II, Section B, Part 2, Pages 6 and 7: Applications for MA for Children in Private Foster Care.

Enter these cases on the TD as category 0, action reason 16.

7147 Action Reason Codes

The following list contains the action reason codes for all RRP cases. Select the proper code from this list and place it in block 19 of the TD. Place the same code (i.e., the block 19 code) in block 60 for each dependent.

1) Cuban/Haitian Entrants

06 - Receiving financial assistance and eligible for AFDC
07 - Receiving financial assistance and not eligible for AFDC
08 - Receiving MA-Only and eligible for MA
09 - Receiving MA-Only and not eligible for MA

2) All Other RRP Recipients

14 - Receiving financial assistance and eligible for AFDC
15 - Receiving financial assistance and not eligible for AFDC
16 - Receiving MA-Only and eligible for MA
17 - Receiving MA-Only and not eligible for MA

Since the Department must keep accurate records to receive full reimbursement from the Federal Government, be sure that all RRP cases are properly coded. Consider family composition and dependency to determine potential eligibility for AFDC. Consider categorical relatedness to determine potential eligibility for MA.

7200 The Cuban Program Phasedown

The Cuban Program Phasedown (CPP) replaces the Cuban Refugee Program for eligible Cubans who registered at the Cuban Refugee Center in Miami before October 1, 1978. The CPP will end on September 30, 1983.

Note that former recipients of the Cuban Refugee Program who entered the U.S. after September 30, 1978, are aided by the Refugee Resettlement Program (RRP). See CAG 7100: Refugee Resettlement Program.

The CPP is similar to the RRP in many ways. Both programs grant financial and medical assistance to eligible refugees and share most of the same procedures. For each of the actions listed below, follow the appropriate procedure in CAG 7120: Processing RRP Financial Assistance Applications or CAG 7130: Processing RRP MA-Only Applications (replacing the acronym RRP with CPP, where necessary):

- determining the assistance unit
- completing the AP-1 or SS-37
- verifying residence
- referring to SSI
- verifying income and resources
- determining eligibility for food stamps
- providing information on DSS
- determining benefits

The CPP differs from the RRP in a number of program elements. For these elements, the worker should use the procedures listed below:

1) Verifying Refugee Status

The only acceptable verification of CPP refugee status is an identification card issued by the Cuban Refugee Center in Miami before October 1, 1978. Anyone who registered at the Center after that date is not eligible for the CPP and must be referred to the RRP.

A certified photocopy of the card must be maintained in the case record. If a client cannot locate the card, or the registration date is unclear, contact the Cuban Refugee Center at the following address:

Eligibility and Referral Section
Cuban Refugee Center
P.O. Box 340188
Coral Gables, Florida 33134
Telephone: (305) 350-5837

2) Eligibility Period

Eligible recipients of the CPP will receive benefits until September 30, 1983. Note that the 36 month eligibility period of the RRP does not apply to this program.

3) Employment Registration

Encourage employable refugees to register with the Division of Employment Security (DES). CPP participants are not, however, required to register at DES to maintain eligibility.

4) Action Reason Codes

The following list contains the action reason codes for all CPP cases. Select the proper code from this list and place it in block 19 of the TD. Place the same code (i.e., the block 19 code) in block 60 for each dependent.

10 - receiving financial assistance and eligible for AFDC
11 - receiving financial assistance and not eligible for AFDC
12 - receiving medical assistance and eligible for MA
13 - receiving medical assistance and not eligible for MA

Since the Department must keep accurate records to receive full reimbursement from the Federal Government, be sure that all CPP cases are properly coded. Consider family composition and dependency to determine potential eligibility for AFDC. Consider categorical relatedness to determine potential eligibilty for MA.

5) Manual Citations

Refer to MPAPM, Chapter I, Section E: Eligibility Requirements for the Cuban Refugee Program, when a manual citation is needed to deny, decrease, or terminate a CPP case. Ignore the fact that the section is entitled "Cuban Refugee Program" rather than "Cuban Program Phasedown". Citations involving income, resources, or benefits may also require reference to the AFDC or MA manuals.

6) CPP Redeterminations

Use the normal AFDC and MA procedures to redetermine CPP eligibility for financial and MA-only assistance, with the following additional actions:

- review the status of any refugee whose application for SSI is pending. If the client has been denied benefits place a copy of the denial letter in the case record. If the client has been approved for SSI beneifts, remove that person from the assistance unit and the grant. Close the case if no other eligible person is in the assistance unit. If the SSI applicant claims to have not yet been notified, check the masterfile on categories 1 or 3 or contact the SSI office to verify the statement. Do not wait until the next redetermination to review the status of an SSI cpplicant whose case seems likely to be approved easily (e.g., one over 65);

- inform clients of DSS programs and make appropriate referrals. See CAG 7120, Step 11: Provide Referrals on DSS and Make Appropriate Referrals; and

- Check accuracy of action reason codes in blocks 19 and 60. See CAG 7147: Action Reason Codes.

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T-2201 Application - Implementation of Fortin Court Decree

Introduction

The Federal District Court recently issued a decision in the Fortin suit. The court ordered that a $100 payment be made to each case in which there is delay in the receipt of the first check except in situations in which the delay is totally attributable to the applicant.

The court has ordered that the new requirements be applied to every AFDC application taken on or after 2/1/82. Due to the limited time available between issuance of the court order and its implementation date, the Department was unable to review and rewrite all sections of the AFDC Worker Handbook which are impacted by the court's decision. This temporary section contains a summary of the requirements contained in the order. The contents of the order will be incorporated into the procedures in the immediate future at which time this temporary section will become obsolete.

Summary of New Application Processing Requirements

. The court has ordered that within 24 hours of a request for assistance, a Department representative must inform the applicant orally, in general terms, of the verification requirements. These oral instructions of verification requirements must occur even if the application interview does not take place at that time.

Effective 2/1/82, every applicant must be seen and have the contents of AP-1, Part A read to him/her within 24 hours of a request for assistance. The applicant will be required to sign this form attesting to the fact that it has been read to them and that they understand its contents including the fact that computer matches will be performed. Included in AP-1, Part A is general information about the application process, the verifications that will be required and the fact that the Department will be performing computer matches during the application process. The person who reads Part A will witness the applicant's signature and date the form. The applicant will be given a copy of Part A while the original will be filed with the case record.

N.B. Computer matches for intake cases will begin during February, 1982 and instructions will be received in the near future about the requirements for this activity.

Effective 2/1/82, the date of application will be the date AP-1, Part A is completed or the date the AP-1 is completed and signed, whichever is earlier.

N.B. The applicant who due to personal illness cannot come to the office, but instead requests assistance by telephone, must have the contents of AP-1, Part A read to him/her within 24 hours of the request. The Department representative who reads the form must assure that its contents are understood and will note on the form the date it was read to the applicant. The form is to be signed by the applicant at the time that the first interview takes place. Date of application in this situation will be the date of phone request.

. All other activities previously required to be performed within 24 hours such as logging, asking about immediate needs, etc. must still be performed. (See Section 2210.)

. Within seven (7) days of initial contact an interview must be scheduled and held. At this interview the AP-1 and VC-1 will be completed. (See Sections 2221 and 5680). The requirements for completing the VC-1 and the information which must be provided to the applicant are contained in Section 2221. The VC-1 must be given to the applicant at the conclusion of the interview and a copy of the VC-1 must be placed in the case record. In calculating the 22nd day, the first day is the date of initial request for assistance.

E.G. Mary Jones contacts the office on February 3rd. Within 24 hours she must be read AP-1, Part A and by February 9th the interview must be held and the applicant provided a VC-1 and a copy of the VC-1 must be placed in the case record. Ms. Jones will be instructed to provide all verifications by February 24th.

N.B. If an interview is scheduled before the seventh day and the applicant does not appear or states that (s)he cannot make the interview, a new interview is to be scheduled as soon as possible. If the applicant does not appear at the 2nd interview, the application is to be denied for failure to cooperate. If the applicant does attend the 2nd interview, the VC-1 must be provided at that interview. Submittal of all verifications after the 22nd day will be considered client delay if both the AP-1, Part A and the VC-1 have been given to the applicant.

. If the applicant provides all verifications on or prior to the 22nd day, the Department must have taken all action necessary so that the check or denial letter is mailed by the 30th day after application. If the applicant submits the verifications after the 22nd day, all actions must be taken so that the check or denial letter is mailed within 8 days of the submittal of all verifications.

N.B. This last item is a restatement of current requirements.

. All other application requirements are as presently contained in the Handbook.

At the present time the procedures are being developed which will enable identification of cases which are processed late due to agency delay and will see that the $100 payment is made timely.

All staff involved in the intake process are to take all actions necessary to assure that all applications are processed timely.

T-4302 IMPLEMENTATION OF STEPPARENT POLICY

The Federal regulations which changed the policy regarding treatment of earned income also required states to establish a policy which would consider the income of the stepparent and establish financial liability for support of his/her stepchildren. The income would then be utilized in determining eligibility for AFDC and the amount of assistance. The Department will be implementing the new regulations related to stepparent liability effective 3/4/82.

All cases in which there is the potential for stepparent liability are to be initialized on the Earned Income Case Processing System. Based upon the date submitted the system will first make a determination as to whether the remarried parent is in need and will then make a determination of stepparent liability, if any. CAG 4302 provides the specific instructions related to the policy and calculations while Section 2410 contains the procedures for establishing and maintaining cases on the Earned Income Case Processing System. Although the actual calculations and client notifications will be performed by the system all workers must understand how the calculations are performed and be able to perform the calculations. This is necessary to adequately answer any questions which might be raised by recipients/applicants and to enable proper Department representation at appeal hearings.

This Temporary CAG provides instructions for the process to be used in obtaining sufficient data from the stepparent to determine his/her liability. The specific timetable to be utilized in this project is described below.

The Department is unable by a review of the Recipient Master File to identify those cases in which there is a stepparent in the home. To limit the number of case records requiring a review a printout was developed which identified all cases in which the grantee relative is not participating. Included in this list will be ineligible remarried parents as well as non-legally liable grantee (i.e., grandmother). The listing will be available during the week of 3/1/82 and the case review effort is to begin immediately upon receipt. The list is entitled "AFDC Cases with Ineligible Grantees".

To assure that each case is more adequately identified, all cases in which the grantee is not participating must have either a code L or N in Block 23 (Group Code) of the Turnaround Document. Code L is to be used when the grantee is legally liable for supporting the children, i.e., natural or adoptive parent. Code N is to be used when the grantee is not legally liable for the support of the children, i.e., grandmother, aunt, etc.

After a case review has been completed, every case containing a remarried parent will have an application supplement and an explanatory letter sent to the recipient. Clients are to return the completed supplement along with required verifications no later than fourteen (14) days after mailing of the supplement. Upon receipt of the completed supplement and the acceptable verifications, an income worksheet is to be completed and submitted for processing. Worksheets and Turnaround Documents are to be submitted as completed. Do not wait to submit all cases at one time.

The activity related to determining stepparent liability will be the priority activity until completed. The March FOR-2 will be used for the period between completion of the case review and receipt of the completed application supplements.

Following is the timetable for completion of the project described in this section.

ACTIVITY	COMPLETION DATE
All cases reviewed and recipient letters and supplemental applications mailed	3/8/82
Recipients respond with requested information	3/26/82
Closing letters mailed for cases not responding to initial letter	3/30/82
All activity on Identified Cases to be completed	4/8/82

The only factor to be reviewed in this process will be the income of the stepparent. No other factors are to be considered unless other information has been provided to the office.

Any time that a case containing a remarried mother who is included in the assistance unit comes to the attention of the worker, the case needs to be reviewed in accordance with CAG 4302.

Procedures for conducting the case record review, the mailing and the notification to the recipient follows.

Step 1: Review the case record of each case on the printout "AFDC Cases with Ineligible Grantee" to determine whether assistance is being provided to the children of a remarried parent who is in the home and is not in need.

- If the case record review indicates that benefits are not being provided to the children of a remarried parent, go to Step 2.
- If the case record indicates the presence of a remarried parent not in need, go to Step 3.

Step 2: On the printout place the letter N in the column headed stepparent. This indicates that this case is not a stepparent case. Submit a Turnaround Document with a code N in Block 23. No further action is required.

Step 3: Since this case is one which contains a stepparent, the column headed stepparent must be coded Y and the grantee-relative must be sent the letter (Stepparent-1) which explains the new policy and the AFDC Application Supplement-Stepparent Information which obtains sufficient information to make a determination of eligibility and stepparent liability, if any. The worker is to complete the required information on the letter and complete Section I of the Application Supplement. The date the letter and the Supplement is sent is to be recorded on the printout under the column headed "1st letter".

. If the Supplement is completed, and returned to the worker, go to Step 5.

. If the Supplement is not returned by 3/26/82, go to Step 4.

Step 4: Since the grantee did not submit the information by the required deadline, an NFL-#1 informing the client that the case will be closed due to the failure to cooperate (301.430) is to be sent.

The day the NFL-#1 is sent is to be recorded under the column "2nd letter".

If any time after the NFL-#1 is mailed, but before the action takes place the grantee relative submits all required data, the action is to be rescinded and the worker is to go to Step 5.

Step 5: For those who respond in a timely fashion and submit the required data the worker must review the Supplementary Application and verifications for completeness.

. If all data has been submitted, go to Step 7.

. If all the data has not been submitted, go to Step 6.

Step 6: The worker is to contact the client by telephone to request submission of the missing information/verifications. If telephone contact is not possible or successful, the stepparent - 2 letter is to be sent identifying the missing information.

. If all the missing information/verification is not submitted within ten (10) days of the second request, go to Step 4.

. If all the missing information/verification is submitted within the ten (10) days, go to Step 7.

Step 7: The worker is to complete an Income Worksheet in accordance with the instructions in Section 2430. For cases currently in the system the worker will have to complete the header information as well as Blocks: 33 (Gross Stepparent Income); 34 (Hours Worked); 35 (Household IRS Dependent); and 36 (Contribution/Child Support/Alimony). For cases not currently on the Special Processing System the worksheet must be completed in its entirety, including blocks 33-36.

Step 8: The completed listing must be submitted to the supervisor when all cases have been reviewed and appropriate action taken. The date the worksheet is submitted and approved by the supervisor is to be placed in the column entitled "New Grant".

Step 9: If the AFDC case is to be closed or reduced and the worker is aware that the AFDC case is in receipt of NPA food stamps, the NPA worker is to be notified of the change.

Stepparent 1

The Commonwealth of Massachusetts
Department of Public Welfare

DATE:

OFFICE ADDRESS:

____

____

Dear

Effective March 4, 1982, the Massachusetts Department of Public Welfare will be implementing new regulations which have been recently mandated by the Federal Government. These regulations require that in certain situations, stepparents will be deemed to be providing support to their stepchild(ren) with whom they are living and for whom AFDC has been requested. In determining how much money, if any, is available to the stepchild(ren) the Department is required to determine how much money the stepparent has and how much is paid to or on behalf of dependents not included in the AFDC grant.

To enable the Department to perform these calculations you are required to complete the attached supplement to the AFDC application form. The form along with all the verifications listed below must be returned to your Financial Assistance Worker within fourteen days of the date at the top of the letter. FAILURE TO COMPLETE ALL ACTIVITIES BY THIS DATE WILL RESULT IN ACTION BEING TAKEN TO CLOSE YOUR AFDC CASE. You will be notified before any final action is taken including information about your appeal rights.

Following is a brief explanation of each section of the application supplement which you must complete as well as a list of verifications which you must submit. Please read these instructions carefully. If there is anything that you do not understand, please call your Financial Assistance Worker who will explain it to you. The name of your worker and his/her number is at the end of this letter.

Section I - Case Information

This information will already have been entered on the form.

Section II - Stepparent Identifying Data

Provide the requested information about the stepparent of the child(ren) for whom AFDC is now being received.

Section III - Dependents to the Stepparent Living with the Stepparent

In this section you are to list all individuals who are living with the stepparent and who are claimed or could be claimed as dependents by the stepparent for Federal Income Tax purposes. To be claimed as a dependent the stepparent must provide more than 50% of the support for the dependent. If there is insufficient space to list all dependents complete a separate paper with all the required information.

Required Verification:

To verify the fact that these individuals are or could be claimed as dependents, one of the following documents must be submitted.

T- 2440 ELIMINATION OF CONTINUATION OF MEDICAL ASSISTANCE BENEFITS FOR CERTAIN EARNED INCOME CASES

State Letter 553 implemented changes in the calculation of countable earned income as required by Federal Law/Regulation. At the time the new calculation method was implemented, a decision was made to provide an additional four months of Medical Assistance to recipients whose assistance grants were terminated as a result of these changes. Recipients were notified via a computer generated notification letter of this continuation of MA benefits. However, the letter added that the continuation was subject to federal authorization.

The Department of Health and Human Services has informed the Department that this continuation of benefits is not allowable since in most cases the closing was not the result of increased earnings but rather the method of calculation. The Department must, therefore, terminate the continuation of MA benefits effective December 31, 1981 for all recipients who received the continuation. The only exception is for those recipients who began to receive earnings or actually did experience an increase in earnings between September 1, 1981 and November 9, 1981 and who reported the change to the Department. September 1, 1981 is the first date on which workers would have begun to receive new or increased wage verifications as part of the Earned Income Case Processing System while November 9, 1981 is the last date that a recipient could have reported a change in earned income and still appear on the printout.

A population of approximately 8500 cases statewide has been identified as being impacted by this termination. The termination of MA on these cases will be accomplished automatically by the computer. All cases will have the closing action reason changed from 21 to 22. This will stop the January 1, 1982 issuance of the Medical Assistance Identification Card.

On December 4, 1981, before this termination occurs, a notice (Attachment A) will be mailed to the affected cases. The notice will inform the recipient that a) the continuation of MA benefits will be terminated; b) if the recipient started to receive income or received an increase in income between September 1, 1981 and November 9, 1981 and reported the change to their worker, they may still be eligible for a continuation of MA, and c) if the termination of assistance did not result from increased earnings, they may apply for MA.

Recipients who meet the standards defined in item b above are instructed to contact their former worker by December 14, 1981. CSAO/WSO's will receive printouts by office by case assignment number of these cases.

RECIPIENTS WHO ARE ENTITLED TO CONTINUATION OF MA BENEFITS

In order to assure that all recipients who are entitled to the continuation of benefits do not receive an interruption in the receipt of the Medical Assistance Identification Card, MA-ID-1, two procedures have been established: The first procedure enables the worker to override the automatic computer system for cases contacting the local office by December 14, 1981 and the second is a manual system for assuring continuation of Medical Assistance for cases contacting the local office after December 14, 1981. They are as follows:

FOR RECIPIENTS WHO CONTACT THEIR FORMER WORKER BY DECEMBER 14, 1981

Step 1: Worker must review the case record to ascertain whether the recipient had reported that (s)he began to receive earnings or received an increase in earnings between September 1, 1981 and November 9, 1981.

. If the recipient did report the change, go to Step 2.

. If the recipient did not report the change, go to Step 5.

Step 2: Inform the recipient that (s)he will continue to receive MA benefits for the remainder of the four months. For recipients whose Social Security Number ends in the digits 0, 1, or 2, the continuation of MA will terminate effective February 28, 1982. For recipients whose Social Security Number ends in the digits 3 through 9, the continuation of MA benefits will terminate effective January 31, 1982. Go to Step 3.

Step 3: Enter the case on the Earned Income Case - MA log, Form EIC-2 (Attachment C), and complete every column for each case. The EIC-2 is the log of cases reporting by December 14, 1981 which are entitled to receive the continuation of MA benefits. Go to Step 4.

Step 4: Give the completed EIC-2 to the unit supervisor by close of business on December 14, 1982.

Step 5: Inform the recipient using EIC-1 (Attachment B) that the recipient is not entitled to a continuation of MA benefits but (s)he may make an application for Medical Assistance by requesting an application form from the local office. Form EIC-1 is completed in triplicate. One copy is retained in the case record. The original and one copy are forwarded to the recipient. No further action is necessary.

FOR RECIPIENTS WHO CONTACT THEIR FORMER WORKER AFTER DECEMBER 14, 1981

Step 1: Worker must review the case record to ascertain whether the recipient had reported that (s)he began to receive earnings or received an increase in earnings between September 1, 1981 and November 9, 1981.

. If the recipient did report the change, go to Step 2.

. If the recipient did not report the change, go to Step 5.

Step 2: Inform the recipient that (s)he will continue to receive MA benefits for the remainder of the four months. For recipients whose Social Security Number ends in the digits 0, 1, or 2, the continuation of MA will terminate effective February 28, 1982.

For recipients whose Social Security Number ends in the digits 3 through 9, the continuation of MA benefits will terminate effective January 31, 1982. Go to Step 3.

Step 3: Issue a Temporary Medical Assistance Identification Card (MA-ID-2). The start date must be January 1, 1982 and the end date will be January 31, 1982 or February 28, 1982, depending on the last digit of the SSN. Go to Step 4.

Note: Although an eligible recipient might not contact the worker until after January 1, 1982, they are entitled to the continuation of MA benefits without interruption, the start date must be January 1, 1982.

Step 4: Complete an SS9A-TD establishing the case on Category 6 (MA-AFDC) using Action Reason "03". Make a note that this case must be closed at the end of the four month period.

Step 5: Inform the recipient using EIC-1 (Attachment B) that the recipient is not entitled to a continuation of MA benefits, but (s)he may make application for Medical Assistance by requesting an application form from the local office. Form EIC-1 is completed in triplicate. One copy is retained in the case record. The original and one copy are forwarded to the recipient. No further action is necessary.

FOR RECIPIENTS WHO CONTACT THE LOCAL OFFICE FOR AN APPLICATION FOR MEDICAL ASSISTANCE

The December 4, 1981 recipient notice and Form EIC-1 inform recipients whose continuation of MA benefits is terminated that they have the right to request an application form for Medical Assistance. All such requests should be processed in accordance with Department policy.

T-2440 ELIMINATION OF CONTINUATION OF MEDICAL ASSISTANCE BENEFITS FOR CERTAIN EARNED INCOME CASES

Attachment A

11/81 MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE

When your AFDC benefits were terminated, the notice sent to you stated:

> "Because of a special earnings exemption for AFDC families, your Medical Assistance will be available for an additional 4 months, subject to federal authorization."

The Federal Government has recently informed the Department of Public Welfare that it will pay for Medicaid services only if the Medicaid card was issued to a recipient whose AFDC benefits were terminated because of an increase in earnings from employment in September or October.

Your AFDC benefits were stopped not because of an increase in earnings, but because the federal law regarding grant calculation changed on October 1, 1981. The Massachusetts regulations also changed and are at 106 CMR 304.260 in the State Policy Manual.

Because the Federal Government has denied authorization to provide you with a Medicaid card, you will no longer receive that card.

If you started to receive income or received increased earnings since September 1, 1981 and reported this change to your worker by November 9, 1981, you may still be eligible for a Medicaid card for the remainder of the 4 months. To ensure a timely determination of your eligibility, you must contact your former worker by December 14, 1981.

If you do not meet the above standard and are still in need of help with your medical bills you may be eligible for Medical Assistance. You should contact your local welfare office to file an application for this program.

Attachment B

The Commonwealth of Massachusetts
Department of Public Welfare

THOMAS H. SPIRITO
Commissioner

Dear

Your request for a continuation in Medical Assistance Benefits has been reviewed using the information contained in your case record.

Your request is denied because you did not report that you began to receive earned income or had an increase in earned income between September 1, 1981 and November 9, 1981.

You have the right to apply for Medical Assistance by requesting an application form from this office.

If you disagree with this decision you have a right to a fair hearing before a referee of the Department of Public Welfare. You may exercise this right by filing a request for a fair hearing within 30 days of this notice. If you wish to request a fair hearing, complete the reverse side of one copy of this letter. Retain the second copy for your own information. You may call this office to find out how you can obtain free legal advice if any is available in your area.

Financial Assistance Worker

EIC-1

Attachment B
(reverse side)

THE COMMONWEALTH OF MASSACHUSETTS

Department of Public Welfare
Division of Hearings
P. O. Box 167, Essex Station
Boston, Massachusetts 02112

REQUEST FOR A FAIR HEARING

The General Laws provide that if you are not satisfied with any action by the Department of Public Welfare, you have the right to appeal and receive a fair hearing before a referee of the Division of Hearings. The request for a fair hearing must be received by the Department within 30 days of the official written notice to you of action by the Department which includes a statement on the right to appeal and time limit for appealing. You have 60 days to appeal a Medicaid issue. You have 90 days to appeal a food stamp issue. You may appeal at any time if you think you are not receiving the correct amount of stamps.

TO REQUEST A FAIR HEARING COMPLETE AND SEND THIS FORM TO THE ABOVE ADDRESS

The Division of Hearings will notify you of the time, date and place of your hearing. If you are unable to attend the fair hearing, please contact the Division of Hearings at 727-6050 or 1-800:882-2017 as soon as possible so that your fair hearing can be rescheduled. Failure to appear at the fair hearing without good cause may result in dismissal of the appeal.

At the fair hearing, you may appear personally and may be accompanied by an attorney or other representative at your own expense. You may wish to contact a local legal service office or community agency which will provide advice or fair hearing representation at no charge. Information about this service, if available in your area, can be obtained by contacting the Welfare Service Office. You or your representative will have the opportunity to present evidence and to produce and cross examine witnesses. The referee must make a decision based solely on the evidence presented at the hearing. You or your representative will be permitted to see your written record prior to the hearing if you so desire.

I ______________________________ hereby request a fair hearing before a referee of the Division of Hearings. The reason I wish to request a fair hearing is:

____

____

____

NAME: ______________________________ TELEPHONE ____________________

ADDRESS: ______________________________ CITY/TOWN ____________________

SIGNATURE: ______________________________ DATE ____________________

My authorized representative is:

NAME: ______________________________ TITLE ____________________

ADDRESS: ______________________________ TELEPHONE ____________________

☐ A. I do not want to continue receiving the disputed amount of assistance during the appeal process.

Attachment C

DEPARTMENT OF PUBLIC WELFARE

EARNED INCOME CASE - MA LOG

REGION (CODE)______ CSAO/WSO (CODE)____ CAN__________

CATEGORY CODE	RECIPIENT SSN	RECIPIENT NAME CHECK (BLOCK 6··SS9A TD)	RECIPIENT NAME (Last Name, First Name)

EIC-2

T-4013 ELIMINATION OF 18, 19 AND 20 YEAR OLD COLLEGE STUDENTS' ELIGIBILITY

The state budget for the current fiscal year eliminated AFDC eligibility for any dependent child 18, 19 or 20 years old attending a college or university. Unless these dependents are attending secondary school in grade twelve or below or a course of vocational or technical training (other than a course provided through a college or university) designed to fit them for gainful employment, they are ineligible for AFDC.

To facilitate the implementation of this change for the first check cycle in September, a special notice was mailed on 8/3/81 to each case containing at least one dependent who is at least 18 years of age or will turn 18 by 8/31/81. The notice stated that these dependents will be removed from the assistance unit and that the grant will be reduced, or in some cases, terminated unless the Department has verification that the dependent is attending a secondary school, in grade twelve or below or a course of vocational or technical training.

On 8/12/81 you must begin conducting case reviews on each case containing a dependent 18 or over. To facilitate the identification of these cases a printout has been provided. To ensure that any necessary grant changes and terminations as a result of the case reviews are effective the first check cycle in September, the printout lists the cases in the order in which 10 day notices must be sent, that is, it lists the cases by the last digit of the social security number from 0 to 9. Conduct case reviews in the order of the printout.

NOTICES MUST BE MAILED BY THE DEADLINES LISTED BELOW:

Last digit of SSN	Date by which 10-day notice must be mailed
0	8/14
1	8/17
2	8/18
3,4 and 5	8/21
6	8/24
7,8 and 9	8/25

WIN requirements for dependents who remain eligible are unchanged. The state law did not change the required hours of attendance. Attendance still must be full-time or, if certain conditions are met, half-time. The conditions for half-time are met if the dependent is: regularly employed in or available for and actively seeking part-time work; or precluded from full-time attendance or part-time employment because of a physical handicap. Half-time and full-time are defined according to the type of program:

- In a trade or technical school, in a program involving shop practice, full-time is 30 clock hours per week and half-time is 15 clock hours; in a program without shop practice, full-time is 25 clock hours and half-time is 12 clock hours.
- In a secondary school, full-time is 25 clock hours per week or 4 carnegie units per year and half-time is 12 clock hours or 2 carnegie units.
- In a secondary education program of cooperative training or in apprenticeship training, full-time is 30 clock hours per week.

The procedures for conducting each case review follow.

Step 1: Identify all active dependents whose dates of birth are 8/31/63 or earlier. Compare the date of birth on the T.D. with the date of birth on the birth certificate to ensure that action is being taken for appropriate dependents.

- If you find that no dependent is 18 or over, no further action is necessary other than correcting the T.D. date(s) of birth.
- If you find that one or more dependents are 18 or over, go to Step 2.

Step 2: For each dependent 18 or over, determine whether the Department has the following verification:

- A written statement dated 6/1/81 or later signed by the appropriate school authority that the child is currently enrolled and attending a secondary school or technical or vocational program. The statement must include the number of hours attended each week.
- For the child who is not currently attending because of summer vacation, a written statement dated 6/1/81 or later signed by the appropriate school authority that the child is enrolled or has accepted enrollment and plans to attend when the school or program opens its fall session. The statement must include the number of hours that the child will be attending each week.

Determine whether any dependent 18 or over must be removed from the assistance unit. A dependent 18 or over for whom the Department has the above verifications is eligible and remains in the assistance unit provided he or she attends the required number of hours. All other dependents 18 or over must be removed from the assistance unit.

- If no dependent must be removed from the assistance unit, no further action is necessary other than submitting the case record to your supervisor.
- If one or more dependents must be removed from the assistance unit, you must notify the recipient (See CAG 4720: Notification Requirements), complete a T.D. and submit the case record and all related materials to your supervisor.

The manual citation for removing a dependent 18, 19 or 20 who is attending college or is not enrolled in school or actively participating in a WIN program is 106 CMR 303.130.

NOTE: If the assistance unit is on PA Food Stamps, take any action required by Food Stamp procedures.

T-4013 ELIMINATION OF 18, 19 AND 20 YEAR OLD COLLEGE STUDENTS' ELIGIBILITY

The state budget for the current fiscal year eliminated AFDC eligibility for any dependent child 18, 19 or 20 years old attending a college or university. Unless these dependents are attending secondary school in grade twelve or below or a course of vocational or technical training (other than a course provided through a college or university) designed to fit them for gainful employment, they are ineligible for AFDC.

To facilitate the implementation of this change, a special notice was mailed to each case containing at least one dependent who is at least 18 years of age. The notice stated that these dependents will be removed from the assistance unit and that the grant will be reduced, or in some cases, terminated unless the Department has verification that the dependent is attending a secondary school, in grade twelve or below or a course of vocational or technical training.

Because of a computer programming error, these notices were not all mailed on the same date. Some notices were mailed on 8/3/81 while others were mailed on 8/18/81.

On 8/27/81 you must begin conducting case reviews on each case containing a dependent 18 or over. To facilitate the identification of these cases a printout has been provided. To ensure that any necessary grant changes and terminations as a result of the case reviews are effective the second check cycle in September, the printout lists the cases in the order in which 10 day notices must be sent, that is, it lists the cases by the last digit of the social security number from 0 to 9. Conduct case reviews in the order of the printout.

10 DAY NOTICES MUST BE MAILED BY THE DEADLINES LISTED BELOW:

Last digit of SSN	Date by which 10-day notice must be mailed
0	8/31
1	9/1
2, 3, 4, and 5	9/4
6	9/8
7,8 and 9	9/11

WIN requirements for dependents who remain eligible are unchanged.

The State law did not change the required hours of attendance. Attendance still must be full-time or, if certain conditions are met, half-time. The conditions for half-time are met if the dependent is: regularly employed in or available for and actively seeking part-time work; or precluded from full-time attendance or part-time employment because of a physical handicap. Half-time and full-time are defined according to the type of program:

- In a trade or technical school, in a program involving shop practice, full-time is 30 clock hours per week and half-time is 15 clock hours; in a program without shop practice, full-time is 25 clock hours and half-time is 12 clock hours.

- In a secondary school, full-time is 25 clock hours per week or 4 carnegie units per year and half-time is 12 clock hours or 2 carnegie units.
- In a secondary education program of cooperative training or in apprenticeship training, full-time is 30 clock hours per week.

A printout has been provided which lists all the cases to which a notice was mailed either on 8/3/81 or 8/18/81. To alert you to cases which may require a closing letter, the printout shows an asterisk under the column called "CLOSE CASE" if the case has only dependents 18 or over. The printout shows the suffix number, date of birth and the food stamp status for each dependent listed.

The procedures for conducting each case review follow.

Step 1: Identify all active dependents whose dates of birth are 9/15/63 or earlier. Compare the date of birth on the T.D. with the date of birth on the birth certificate to ensure that action is being taken for appropriate dependents.

- If you find that no dependent is 18 or over, no further action is necessary other than correcting the T.D. date(s) of birth.
- If you find that one or more dependents are 18 or over, go to Step 2.

Step 2: For each dependent 18 or over, determine whether the Department has the following verification:

- A written statement dated 6/1/81 or later signed by the appropriate school authority that the child is currently enrolled and attending a secondary school or technical or vocational program. The statement must include the number of hours attended each week .
- For the child who is not currently attending because of summer vacation, a written statement dated 6/1/81 or later signed by the appropriate school authority that the child is enrolled or has accepted enrollment and plans to attend when the school or program opens its fall session. The statement must include the number of hours that the child will be attending each week.

Determine whether any dependent 18 or over must be removed from the assistance unit. A dependent 18 or over for whom the Department has the above verifications is eligible and remains in the assistance unit provided he or she attends the required number of hours. All other dependents 18 or over must be removed from the assistance unit.

- If no dependent must be removed from the assistance unit, no further action is necessary other than submitting the case record to your supervisor.
- If one or more dependents must be removed from the assistance unit, you must notify the recipient (See CAG 4720: Notification Requirements), complete a T.D. and submit the case record and all related materials to your supervisor.

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The manual citation for removing a dependent 18, 19 or 20 who is attending college or is not enrolled in school or actively participating in a WIN program is 106 CMR 303.130.

NOTE: If the assistance unit is on PA Food Stamps, take any action required by Food Stamp procedures.

T-4302 IMPLEMENTATION OF STEPPARENT POLICY

The Federal regulations which changed the policy regarding treatment of earned income also required states to establish a policy which would consider the income of the stepparent and establish financial liability for support of his/her stepchildren. The income would then be utilized in determining eligibility for AFDC and the amount of assistance. The Department will be implementing the new regulations related to stepparent liability effective 3/4/82.

All cases in which there is the potential for stepparent liability are to be initialized on the Earned Income Case Processing System. Based upon the date submitted the system will first make a determination as to whether the remarried parent is in need and will then make a determination of stepparent liability, if any. CAG 4302 provides the specific instructions related to the policy and calculations while Section 2410 contains the procedures for establishing and maintaining cases on the Earned Income Case Processing System. Although the actual calculations and client notifications will be performed by the system all workers must understand how the calculations are performed and be able to perform the calculations. This is necessary to adequately answer any questions which might be raised by recipients/applicants and to enable proper Department representation at appeal hearings.

This Temporary CAG provides instructions for the process to be used in obtaining sufficient data from the stepparent to determine his/her liability. The specific timetable to be utilized in this project is described below.

The Department is unable by a review of the Recipient Master File to identify those cases in which there is a stepparent in the home. To limit the number of case records requiring a review a printout was developed which identified all cases in which the grantee relative is not participating. Included in this list will be ineligible remarried parents as well as non-legally liable grantee (i.e., grandmother). The listing will be available during the week of 3/1/82 and the case review effort is to begin immediately upon receipt. The list is entitled "AFDC Cases with Ineligible Grantees".

To assure that each case is more adequately identified, all cases in which the grantee is not participating must have either a code L or N in Block 23 (Group Code) of the Turnaround Document. Code L is to be used when the grantee is legally liable for supporting the children, i.e., natural or adoptive parent. Code N is to be used when the grantee is not legally liable for the support of the children, i.e., grandmother, aunt, etc.

After a case review has been completed, every case containing a remarried parent will have an application supplement and an explanatory letter sent to the recipient. Clients are to return the completed supplement along with required verifications no later than fourteen (14) days after mailing of the supplement. Upon receipt of the completed supplement and the acceptable verifications, an income worksheet is to be completed and submitted for processing. Worksheets and Turnaround Documents are to be submitted as completed. Do not wait to submit all cases at one time.

The activity related to determining stepparent liability will be the priority activity until completed. The March FOR-2 will be used for the period between completion of the case review and receipt of the completed application supplements.

Following is the timetable for completion of the project described in this section.

ACTIVITY	COMPLETION DATE
All cases reviewed and recipient letters and supplemental applications mailed	3/8/82
Recipients respond with requested information	3/26/82
Closing letters mailed for cases not responding to initial letter	3/30/82
All activity on Identified Cases to be completed	4/8/82

The only factor to be reviewed in this process will be the income of the stepparent. No other factors are to be considered unless other information has been provided to the office.

Any time that a case containing a remarried mother who is included in the assistance unit comes to the attention of the worker, the case needs to be reviewed in accordance with CAG 4302.

Procedures for conducting the case record review, the mailing and the notification to the recipient follows.

Step 1: Review the case record of each case on the printout "AFDC Cases with Ineligible Grantee" to determine whether assistance is being provided to the children of a remarried parent who is in the home and is not in need.

- If the case record review indicates that benefits are not being provided to the children of a remarried parent, go to Step 2.
- If the case record indicates the presence of a remarried parent not in need, go to Step 3.

Step 2: On the printout place the letter N in the column headed stepparent. This indicates that this case is not a stepparent case. Submit a Turnaround Document with either a code "L" or "N" in Block 23. Code "L" is to be used when the grantee is legally liable for the support of the dependent while code "N" will be used when there is no legal liability. No further action is required.

Step 3: Since this case is one which contains a stepparent, the column headed stepparent must be coded "Y" and the grantee-relative must be sent the letter (Stepparent-1) which explains the new policy and the AFDC Application Supplement-Stepparent Information which obtains sufficient information to make a determination of eligibility.

(2)

- the last completed Income Tax Return which shows the names of the dependents; or,
- a copy of the most recent W-4 statement which is on file with your employer; or
- a signed and dated affidavit listing all the stepparent's dependents along with a statement that the stepparent is providing more than 50% of the support for each dependent.

Section IV Dependents of the Stepparent Not Living with the Stepparent

In this section you are to list all individuals not living with the stepparent who are claimed or could be claimed as dependents by the stepparent for Federal Income Tax purposes. To be claimed as a dependent the stepparent must be providing more than 50% of the support for the individual. If there is insufficient space to list all dependents complete a separate paper with the required information.

Required Verification:

To verify the fact that these individuals are or could be claimed as dependents, one of the following documents will have to be submitted:

- the last completed Income Tax Return which shows the names of the dependents; or
- a copy of the most recent W-4 statement which is on file with your employer; or
- a signed and dated affidavit listing all the stepparent's dependents along with a statement that the stepparent is providing more than 50% of the support for each dependent.

Section V Money Paid to or on Behalf of a Dependent Not Living with the Stepparent

For each dependent listed in Section IV you are to give the following information:

- the name of the person with whom the dependent lives. If the dependent lives alone place the words "Lives Alone" in this block;
- the amount of money paid by the stepparent on behalf of each dependent;
- how often this money is paid; and
- if the money is not paid directly to the Department provide the name of the person to whom the money is paid.

Required Verification:

- A copy of the last three (3) consecutive cancelled, personal checks, bank checks or money orders signed by the stepparent must be submitted. These documents should have been made out to either the dependent or the natural/legal guardian of the dependent. If the checks are made out

(3)

to someone different then a statement must accompany the documents explaining to whom the money was paid and what services this covers.

Section VI Child Support or Alimony Payments made by the Stepparent on Behalf of Individuals not Previously Listed as Dependents

In this section you are to list each person for whom a child support or alimony payment is made by the stepparent. This is to be completed for individuals who are not listed as dependents in Section III or IV. To list any such payments there must be either a court order for such payments or a signed voluntary agreement.

For each person for whom a payment is made and is not a dependent the following information is required:

. the name of the person for whom the payment is made;

. the address where the individual for whom payment is being made resides;

. identification as to whether the payment is for child support or alimony;

. the amount of each payment;

. how often each payment is made;

. to whom the payment is made; and

. whether the payment is the result of a court order or is a voluntary agreement.

Required Verification:

For each payment made a copy of the last three (3) consecutive cancelled personal checks, bank checks, or money orders signed by the stepparent must be submitted. These documents should have been made out to either the person for whom the money is intended or the natural/legal guardian or the court which issued the support/alimony order. If the checks are made out to someone different then a statement must accompany the documents explaining the reason for the difference.

Section VII - Stepparent Earned Income Information

In this section information about the earnings from all jobs of the stepparent are to be listed. If the stepparent does not work enter "NONE" in the name of the employer block. If the stepparent is self-employed write "self-employed" under name of employer.

The following information is required:

. the name and address of the employer(s);

. the average number of hours that are worked each week;

. the average gross earnings for each pay period; and

. how often the stepparent is paid.

(4)

Required Verification:

If the stepparent is paid weekly, copies of the last three (3) wage stubs must be submitted. For all other pay periods (bi-weekly, semi-monthly, or monthly) the last two wage stubs must be submitted.

If the stepparent is self-employed, you must submit copies of business or tax records for the last three (3) months. These records must show both business expenses as well as income.

Section VIII - Stepparent Income (Other Than Earnings)

In this section you are to list any other income the stepparent has.

If there is income from a source not listed, list the sources, the amount of income and list how often the money is received.

Required Verification:

A copy of the check or a statement from the person/agency which issues the check must be submitted.

Upon completing the application supplement, you are to sign and date the form. The signature is to be witnessed and all documents are to be submitted no later than fourteen (14) days of the date of this letter to the welfare office at the address listed at the top of the first page.

Sincerely,

Financial Assistance Worker

Telephone Number

Stepparent - 2

The Commonwealth of Massachusetts
Department of Public Welfare

DATE: ____________________

OFFICE ADDRESS:

____

____

Dear

On   you submitted information concerning the stepparent of children on AFDC. The following information was incomplete or missing. In order to properly. determine continued eligibility for assistance you must submit the requested information within ten(10) days of the date at the top of this letter or action will be taken to close the AFDC case.

Missing Information

Sincerely,

____
Financial Assistance Worker

T-4341 WORK RELATED EXPENSES - DAY CARE SERVICES

Effective July 1, 1980 the Department of Social Services (DSS) will implement a sliding fee scale for families receiving publicly subsidized day care services. This sliding fee scale will mean that the cost of day care will be shared by the family and DSS. Publicly subsidized day care services are those which presently are completely paid by the Welfare Department through Social Services. The family's share of the fee will be based upon its gross monthly income and the fee will be adjusted as the family's income changes. During the month of June, 1980, DSS will be contacting families whose children are currently in publicly subsidized day care to explain the sliding fee scale.

DSS will give the individual a Day Care Fee Agreement showing how the individual's share of the fee was determined and the amount for which the individual is responsible on a weekly basis (sample attached). An individual receiving AFDC who is employed and whose children are in subsidized day care will be eligible to have his/her fee included in the calculation of work related expenses (CAG 4340 Determining Work Related Expenses). The AFDC recipient will be responsible for requesting the grant adjustment by providing the Fee Agreement to the AFDC worker as documentation of the Work Related Expenses.

AFDC workers will be responsible for refiguring the work related expenses and making any corresponding grant changes within 21 days of receipt of the Fee Agreement (106 CMR 301.530). The "Assessed Weekly Fee" (line 12) is the amount to be used in calculating the work related expense. The "Initial Fee" (line 13) is not to be included in calculating the work related expense.

The treatment of the day care fee as a Work Related Expense applies only to AFDC cases where there is employment. It does not apply to cases which are receiving Non-WIN Training Expenses or are involved in WIN Training.

DSS will cover the cost of day care which is related to WIN training. DSS will also cover the cost of day care for a child who started in day care prior to July 1, 1980, because his/her parent is involved in a Non-WIN training program. An individual who becomes involved in a Non-WIN training program after July 1, 1980, will be responsible for paying his/her day care fee. The Department will make no additional allowances to cover this cost.

T-4341

The Commonwealth of Massachusetts
Department of Social Services
150 Causeway Street
Boston, Mass. 02114

Mary Jane England, M.D.
Commissioner

DAY CARE
FEE AGREEMENT

(1) Parent(s) or Guardian (s) ____________________

(2) Address ____________________ (3) City/Town __________ (4) Area# ______

(5) Name of First Child ____________________ (6) Program Prototype ____________________

Second Child ____________________ Program Prototype ____________________

Additional Children ____________________ Program Prototype ____________________

____________________ ____________________

(7) Family Size ____________________ (8) Date of SOC-3 ____________________

(9) Gross Monthly Income $ ____________________

(10) Fee for the above named First Child $__________ per day; $__________ per week

(11) Fee for the above named Second Child $__________ per day; $__________ per week

(12) Assessed Weekly Fee(s) $ ____________________

(13) Amount of Initial Fee $ ____________________

(14) Date on which First Payment is due ____________________

(15) Amount of First Payment $ ____________________

The undersigned accept this fee computation as correct and complete.

(17) ____________________ / /
PARENT OR GUARDIAN DATE

(16) ____________________ / /
DAY CARE PROVIDER DATE

(It is not necessary to sign if a fair hearing is requested.)

____
DAY CARE PROVIDER AGENCY

____
ADDRESS

T-4425: $30 and One-Third Disregard - Drysdale Requirements

State Letter 577 dated March 26, 1982, implemented policy which denies eligibility for the $30 and one-third income disregard to those legally liable relatives who are not members of the AFDC Assistance Unit. This change was implemented as a result of a Court of Appeals decision which allowed a stay pending a final decision. There is, therefore, the possibility that this policy may be changed again.

The Court of Appeals in staying the order has required the Department to identify each case denied or terminated as a result of re-implementation of the policy. In addition, the Court has required the Department to notify each case so identified, of the possibility that there may be a different ruling and that applicants/recipients should retain records of their earnings and child care expenses as well as report any changes of address to the Department. The Court has required these actions to assure that cases affected by the implementation of SL 577 are identified, if in the future the orignal decision of the District Court is upheld.

This temporary Section provides the instructions to be used until this issue is resolved. The actions will vary depending on whether the case is in applicant or recipient status.

Applicants

Any AFDC reapplication containg an employed, ineligible, legally-liable relative, e.g., remarried mother not in need, which is denied must be reviewed to determine whether allowing the $30 and one-third disregard would have resulted in the application being approved. This applies only to those cases in which the previous AFDC Case was closed within one of the four(4) months preceeding the month of re-application and the ineligible legally-liable relative had not already received four consecutive months of the $30 and one-third disregard.

- If allowing the disregard would not have changed the decision, no further action is required.
- If allowing the disregard would result in eligibility, the application register will be noted "DRYSDALE" for future identification. In addition a copy of the Drysdale notice will have to be sent with the NFL-5, denying the AFDC application. (See Page 2 of this Section for a copy of this Notice).

Recipients

Any AFDC case containing an employed ineligible legally liable relative will be subject to the Earned Income Case Processing System. Cases closed by that system will be identified and a separate Drysdale Notice will be sent. Local office responsibility will be limited to responding to any recipient inquiries and noting in the case record the reported changes of address.

Sample Drysdale Notice

COMMONWEALTH OF MASSACHSUETTS

DEPARTMENT OF PUBLIC WELFARE

Although your AFDC benefits have recently been terminated or denied, the Department of Public Welfare has determined that you may be a member of the Drysdale Class.

Drysdale v. Spirito is a pending class action law suit in Federal Court which challenges the Department of Public Welfare's policy of calculating the earned income of legally liable relatives who are not included in the grant themselves.

In order for you to receive benefits some time in the future, should the Court decide in your favor, you must keep the Department of Public Welfare informed of any changes of address and you must keep adequate records of income and child care expenses.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS NOTICE, PLEASE CONTACT YOUR LOCAL WELFARE OFFICE.

DRYSDALE NOTICE

T-4500: Interim WTP Procedures

Effective April 12, 1982, the Department will implement the Work and Training Program (WTP). The permanent procedures for this program are being issued at this time. These procedures refer to the WTP registration form, WTP-1, and the WTP communication form, WTP-6. However, due to time constraints in the development of the WTP, these forms are not yet available. The WIN-1, which was used for WIN registration, and the WIN-6 which was used for communication with DES in the WIN program, will continue to be used until the new forms are available. Therefore, during this interim period, all references to the WTP-1 or WTP-6 in the WTP procedures should be interpreted as referring to the WIN-1 or WIN-6, respectively.

The action reason codes printed on the yellow legend code have not yet been changed to reflect the new WTP exemptions. Until the revision is made, the code which most closely defines the WTP exemption should be used.

CAG 2211: Obligation of Applicants requires that all individuals included in an assistance unit which is applying for AFDC state what their work history has been for the 60 calendar days immediately preceding the date of application. The work history information should be recorded in the remarks section of the AP-1.

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T-4501 WTP Registration

TN 73 transmitted procedures for the WTP which was initiated on April 12, 1982. At that time, WTP requirements were applied only to applicants whose cases were being handled in an Entry Payments Unit. On Monday, May 17, 1982 the WTP requirements will be expanded to three groups of recipients. As of that date all WTP registration and participation requirements will apply both to applicants and to recipients who meet any one of the following criteria.

1. At the time of next redetermination, any recipient who at the time of last redetermination was exempt from WIN registration, but due to a change in circumstances is now a mandatory WTP registrant. For example, a parent whose youngest child has turned six since the last redetermination.

2. At the time of next redetermination, any recipient who is classified as the Principal Earner in an Unemployed Parent case.

3. Between redeterminations, any recipient whose situation changes in such a way that a recipient who had been exempt from WIN or WTP registration becomes a mandatory WTP registrant. For example, an individual who was exempt from WIN on the basis of incapacity who is no longer considered incapacitated.

Staff will be notified when the WTP requirements should be imposed on all the remaining cases which do not fit into one of the three groups listed above.

T-7105 Eighteen Months Rule Implementation

Refugee cases in this country for more than eighteen months must be reviewed in order to implement policy changes that are effective April 1, 1982.

The policy changes are:

1. Refugees eligible for AFDC or MA (Category 0, Action Reasons 6, 8, 14 and 16)

   They must meet all AFDC or MA requirements in the same manner as non refugees qualify for those programs and receive assistance. This means AFDC refugee cases must meet AFDC verifications Work and Training, child support unemployed parent, and all other AFDC requirements.

   Disabled refugees applying for medical only must have the State Medical Review Team determine their disability.

   Refugees who remain eligible for AFDC or MA are to be kept in Category 0 for the first thirty six months in the country. At the end of that time, they are to be closed on Category 0 and opened on Cateogry 2, 5, 6, 7 or 8, whichever is applicable. There must be no interruption in benefits. Change from category 0 to the new category. An application in the new program and a notice of change is not needed.

2. Refugee not eligible for AFDC or MA (Cateogry 0, Action Reasons 7, 9, 15, and 17)

   These refugees must have their assistance terminated so that they will not receive refugee assistance after their eighteenth month in the country. Massachusetts may receive Federal Reimbursement for a refugee on General Relief when the refugee has been in the country from eighteen to thirty six months. These are Procedures in the instructions to printout # 1 for their situation.

NOTE: The date of entry into the country for a Cuban Haitian Entrant shall be the first month in which such individual has issued INS documentation of parole status, voluntary departure status or evidence of re-evidence (generally it is entered on the I-94).

Two printouts will be sent to local offices to identify cases that need to be reviewed. The printouts list cases in the country over eighteen months by action, reasons.

Instructions For Printout #1 Non AFDC and Medicaid Only Refugees With Over 18 Months in Country

A. Review cases to see that they are properly coded and the date of entry is correct. Because of the short time frame to accomplish these tasks, review the cases starting with those whose Social Security Number ends in "0".

1. If a case appears eligible for AFDC or MA, do a priority redetermination to ensure all AFDC or MA eligibility requirements are met. Change the action reason codes with a TD for any case which meets all AFDC or MA eligibility requirements.

2. To change the date of entry, write the correct date on the printout.

B. Terminate assistance for refugees not eligible for AFDC or MA who have been in the country over 18 months as of April 1, 1982. Note that for Cuban/Haitians the time starts when they are issued documents (I-94) by the Immigration and Naturalization Service.

1. For these refugee cases the following case closing schedule will be used. It supersedes section 4732 of this handbook only for this project.

Last Digit of SSN	0	1	2	3	4	5	6	7	8	9
Last day notice can be sent	4/2	4/2	4/2	4/2	4/5	4/9	4/9	4/9	4/12	4/12
Effective Date	4/12	4/13	4/13	4/14	4/15	4/19	4/20	4/20	4/22	4/22
Check Date	4/16	4/17	4/19	4/20	4/22	4/23	4/24	4/26	4/28	4/29

2. Do not automatically terminate the household's food stamps. The loss of cash assistance is merely a change in household circumstance not a condition for closing the food stamps. If the household will go on another form of cash assistance, and the household remains a public assistance food stamp household, recalculate the food stamp benefits based on the new income and send the proper NFL or FSNL notice (eg. increase, decrease).

   If the household will not go on another cash assistance program, or will no longer be a PA food stamp household, transfer all food stamp case information to the NPA unit. The NPA unit must follow the procedures in FSPM IV.

   If the household is entitled to a Supplementary ATP in accordance with Sections 364.900 and 366.120 of the food stamp manual, notify the household and issue the Supplementary ATP.

3. Complete the TD and use action reason 52 to terminate the cash and/or medical assistance.

4. Use the NFL-1 to notify the recipient of closing. The manual citation for Refugee Cash Assistance is 106 CMR 328.050. "Refugee Cash Assistance is limited to the first 18 months in the country, for Cuban Haitians it is 18 months from the time they are issued Immigration and Naturalization Service documents."

   The manual citation for Refugee Medical Assistance is 106 CMR 328.060. "Refugee Medical Assistance is limited to the first eighteen months in the country, for Cuban Haitains Entrants it is 18 months in the country from the date they are issued Immigration and Naturalization documents." Each NFL-1 must also contain the following message.

"You may be eligible for General Relief. You should inquire about eligibility for GR at your local welfare service office.

5. When a refugee who has been in the country between eighteen and thirty six months applies for General Relief and is approved, send the approval letter and open on Category 4, Action Reason 1. Fill out the refugee section of the TD and send a yellow copy of the T.D. to:

Massachusetts Department of Public Welfare
Office of Finance
600 Washington Street
Boston, Ma. 02111
Attention: Harold Doherty

Some or all the members of the GR case may be eligible for Medical Assistance. If so, have them file an application for MA. If approved for MA the eligible refugee is to be put in Category 0. Refugees not eligible for cash assistance, who file a MA application that is approved, are to be handled in the same way.

Instructions For Printout #2 AFDC and Medicaid Only Refugees With Over 18 Months in Country

A. Do these cases as a priority redetermination over the FOR 2 Cases. All AFDC and MA requirements must be applied to refugees in country from one month to thirty-six months.

B. If the refugee is no longer eligible for AFDC and is in the country over eighteen months, terminate refugee assistance according to the instructions for printout #1.

C. The printout may be used to change the date of entry. Enter the correct date on the printout.

T-7210 END OF CUBAN PROGRAM PHASEDOWN

The Cuban Program Phasedown ends 12/31/81 as Congress did not fund the program for the new fiscal year. Effective this date Cuban refugees must meet all the eligibility requirements of the Refugee Resettlement Program to receive refugee assistance. Cuban refugees who have been in this country more than three years must have their refugee assistance terminated.

To assist in this task, a computer printout will be sent to the welfare offices who have refugees on aid coded for the Cuban Program Phasedown (Category "0" action reasons 10-13). All Cuban refugees who entered the country prior to 10/1/78 and are receiving assistance should have been coded using these action reasons. Recipient address labels and notification form letters marked for Special Cuban Program Phasedown Only will be sent also.

The following activities are to be completed as soon as possible.

1. Identify all open Cuban Program Phasedown cases through use of the printout or other means available to the office. If an open case is not listed on the printout, add the name to the list.

2. Review cases to see that they were properly coded Cuban Program Phasedown cases (see CAG 7200).

3. Correct the improperly coded cases.

4. Terminate assistance for CPP recipients as of the last day of the recipient's second cyclical pay period for December 1981.

   a. Follow Food Stamp Procedural Memo #IV to handle the Food Stamp termination procedures for CPP cases who have Food Stamps.

   b. Complete the turnaround document and use closing reason 52.

   c. Use the special Spanish NFL-1 to notify the recipient of closing. The manual citation has been printed on the form. "Massachusetts Public Assistance Policy Manual Chapter 1 Section E", "This program will end on December 31, 1981 and no assistance payments will be issued after December 31, 1981." The following note has also been printed on the form: "You may be eligible for welfare assistance under another program. Come in to this office to file an application before your aid under the Cuban Program Phasedown is terminated. If you act quickly and are determined eligible for the new program, there will be little or no interruption in benefits."

   d. If a CPP recipient who was classified or should have been classified as being related to AFDC or MA, files an application for either program prior to termination of CPP benefits, the CPP recipient is to be treated as a recipient of AFDC or MA for the purposes of the tests of eligibility and for appeal rights.

      Should such a CPP recipient apply for AFDC or MA and be denied benefits, the CPP recipient must be sent the special Spanish NFL-5. The following note is printed on the form:

> "If you appeal this decision within 10 days of this notice, you will receive______________benefits while the appeal is pending."

The Division of Hearings will notify the local office if an appeal is filed. The worker will then have to open the case in the new program while the appeal is pending. This is the only situation where a CPP recipient will be put on AFDC or MA without meeting all the administrative and categorical requirements of the program.

5. Write the results of the case actions on the printout (e.g., case closed on Category 0 and opened on Category 2).

6. Return the completed printout by 1/31/82 to:

Massachusetts Department of Public Welfare
Field Operations-Central Services
600 Washington St.
Boston, MA 02111

The Commonwealth of Massachusetts
Department of Public Welfare

Attachment A

THOMAS H SPIRITO
Commissioner

CSAO/WSO ______________________

FECHA ______________________

NOMBRE ______________________

DIRECCIÓN ______________________

CIUDAD/ZONA POSTAL ______________________

El Departamento está planeando tomar la acción necesaria para terminar su asistencia económica en ______________________ de acuerdo al siguiente resumen de la evidencia:

Capítulo 1, Sección E, Página 1. Este programa finalizará el día 31 de diciembre de 1981 y no se efectuará ningún pago de asistencia después de esta fecha.

☐ Su elegibilidad automática para Asistencia Médica (Medicaid) también será suspendida con la terminación de su asistencia económica. Sin embargo, usted o miembros de su familia aún pueden ser elegibles para Asistencia Médica como individuos con necesidad de ayuda médica. Usted puede preguntar sobre su elegibilidad para Asistencia Médica en su oficina local de Bienestar Público.

☐ Usted recibirá una carta por separado relacionada con cualquier acción tomada en sus estampillas de alimentos.

☐ Usted puede ser elegible para asistencia del bienestar bajo otro programa. Visite nuestra oficina para llenar una solicitud antes de que termine su asistencia bajo el Programa Cubano. Si usted actúa rápidamente y es elegible para un nuevo programa, habrá muy poca o ninguna interrupción en sus beneficios.

Si usted no está de acuerdo con esta decisión, tiene derecho a una Audiencia Imparcial ante un árbitro del Departamento de Bienestar Público. Usted puede hacer uso de este derecho llenando una solicitud para una Audiencia Imparcial en los próximos 30 días a partir de la fecha de ésta. Usted tiene 60 días para apelar sobre una decisión de Asistencia Médica; 90 días para apelar sobre una decisión de Estampillas de Alimentos. Si usted desea solicitar una Audiencia Imparcial, llene el lado opuesto de una copia de esta carta. Guarde la segunda copia para su propia información. Usted puede llamar a esta oficina para saber como puede obtener consulta legal gratuita si hay alguna disponible en su área.

Si su solicitud es recibida por la División de Audiencias antes de la fecha en que el Departamento piensa terminar su asistencia; fecha que aparece en la primera oración de esta carta, su ayuda será continuada hasta el fin del mes en que se tome la decisión de la Audiencia Imparcial a no ser que el árbitro determine en la audiencia que el caso es del Estado, de Ley Federal o Póliza. Si se le va a terminar la Ayuda General (General Relief) su asistencia será restablecida si usted apela antes de 30 días.

Si usted recibe asistencia dependiendo del resultado de la Audiencia Imparcial y la decisión del árbitro es de negarle su apelación, el Departamento tiene el derecho de recobrar la cantidad de asistencia en discusion que se le ha pagado a usted o en su nombre durante el proceso de apelación. En dichos casos, el Departamento le instituirá inmediatamente el reembolso de la cantidad de asistencia en discusión si usted tiene algún otro ingreso o recurso además de su cantidad de asistencia. Si usted no tiene otro ingreso o recurso además de su cantidad de asistencia, el Departamento mantendrá en archivo el total de la cantidad disputada y comenzará a recobrar ésta una vez usted obtenga ingresos de otros recursos o bienes, o una vez termine su asistencia.

Sin embargo, usted puede escoger el que se le abstenga de recibir la cantidad de asistencia en discusión hasta después de la decisión de la Audiencia, y así eliminar cualquier necesidad de reembolso de fondos si su apelación es negada. Para escoger esta opción, marque el encasillado A en el lado opuesto de este aviso. Si usted marca este encasillado, el Departamento procederá a implementar la acción indicada en la parte superior en la fecha indicada originalmente pero llevará a cabo una Audiencia Imparcial en los hechos de su apelación. Si usted se abstiene de recibir la cantidad de asistencia en discusión y el árbitro niega su apelación, el Departamento corregirá rápidamente cualquier caso de reembolso que se le deba a usted.

______________________ Trabajador de Pagos de Asistencia

______________________ Supervisor

Número de Teléfono ______________________

PARA USO DEL DEPARTAMENTO SOLAMENTE

REGION OFFICE CATEGORY SOCIAL SECURITY NUMBER CASE ASSIGNMENT NUMBER ACTION TAKEN

NFL-1 (Rev. 12/81) SPANISH

For Special Cuban Program Phasedown Project Only

NFL-1 SP

ESTADO DE MASSACHUSETSS
Departamento de Bienestar Público de Massachusetts
División de Audiencias
P.O. Box 167, Essex Station
Boston, MA 02112

SOLICITUD PARA UNA AUDIENCIA IMPARCIAL

Las Leyes Generales establecen que si usted no está satisfecho con cualquier acción del Departamento de Bienestar Público, usted tiene el derecho de apelar y de recibir una audiencia imparcial ante un árbiro de la División de Audiencias. La solicitud para una audiencia impercial se debe recibir en el Departamento durante los próximos 30 días a partir del aviso oficial escrito por el Departamento, que incluye una declaración del derecho de apelar y la fecha límite para la apelación. Usted tiene 60 días para apelar sobre Asistencia Médica (Medicaid) y 90 días para apelar sobre Estampillas de Alimentos. Usted puede apelar en cualquier momento si cree que no está recibiendo la cantidad correcta de estampillas.

PARA SOLICITAR UNA AUDIENCIA IMPARCIAL LLENE Y ENVÍE ESTE FORMULARIO A LA DIRECCIÓN QUE APARECE EN LA PARTE SUPERIOR

La División de Audiencias le notificará de la fecha, hora y lugar de la audiencia. Si no puede asistir a la audiencia, favor de comunicarse lo antes posible al 727-6050 o 1-880-882-2017 con la División de Audiencias, para que le den una nueva cita. Si falta a la audiencia sin tener una razón justificada, su audiencia puede ser eliminada.

A la audiencia, usted puede ir personalmente y también puede ir acompañado por un abogado o cualquier otro representante por gasto propio. Si desea, puede comunicarse con una oficina local de servicios legales o con una agencia de la comunidad que le brindará consejo o representación sin costo alguno. Información sobre estos servicios, si están disponibles en su área, puede obtenerse si se comunica con la Oficina de Bienestar Público. Usted o su representante tendrán la oportunidad de presentar evidencia y de examinar a los testigos. El árbitro tiene que tomar una decisión basada únicamente en la evidencia presentada en la audiencia. Se le permitirá a usted o a su representante ver su expediente antes de la audiencia, si así usted lo desea.

Yo ________________, por medio de ésta, solicito una audiencia imparcial ante un árbitro de la División de Audiencias. La razón por la cual yo solicito una audiencia imparcial es:

____

____

____

NOMBRE ______________________ TELÉFONO ______________________

DIRECCIÓN ______________________ CIUDAD/ZONA POSTAL ______________________

FIRMA ______________________ FECHA ______________________

Mi representante autorizado es:

NOMBRE ______________________ TÍTULO ______________________

DIRECCIÓN ______________________ TELÉFONO ______________________

☐ A. Yo no deseo seguir recibiendo la cantidad de asistencia en discusión durante el proceso de apelación.

Attachment B

The Commonwealth of Massachusetts
Department of Public Welfare

CSAO/WSO ______________________

NAME ______________________ DATE ______________________

ADDRESS ______________________

CITY/ZIP ______________________

The Department is planning to take the necessary action to terminate your assistance on ______________ on the basis of the following summary of the evidence:

Manual Citation:

"Massachusetts Public Assistance Policy Manual Chapter 1 Section E", "This program will end on December 31, 1981 and no assistance payments will be issued after December 31, 1981." "You may be eligible for welfare assistance under another program. Come into this office to file an application before your aid under the Cuban Program Phasedown is terminated. If you act quickly and are determined eligible for the new program, there will be little or no interruption in benefits."

☐ Your automatic eligibility for Medical Assistance (MA) will also cease with the termination of your assistance. However, you or members of your family may still be eligible for MA as medically needy individuals. You should inquire about your eligibility for MA at your local Welfare Service Office

☐ You will receive a separate notice regarding any action on your food stamps.

If you disagree with this decision, you have the right to a fair hearing before a referee of the Department of Public Welfare. You may exercise this right by filing a request for a fair hearing within 30 days of this notice. You have 60 days to appeal a Medicaid issue; 90 days to appeal a food stamp issue. If you wish to request a fair hearing, complete the reverse side of one copy of this letter. Retain the second copy for your own information. You may call this office to find out about how you can obtain free legal advice if any is available in your area.

If your request is received by the Division of Hearings before the date on which the Department plans to terminate assistance, which is the date in the first sentence of this letter, your assistance will be continued through the end of the month in which a fair hearing decision is rendered unless the referee makes a determination at the hearing that the sole issue is one of State or Federal law or policy. If you are being terminated on General Relief, your assistance will be reinstated if you appeal within 30 days.

If you receive assistance pending the outcome of this fair hearing and the referee's decision is to deny your appeal, the Department has the right to recover the disputed amount of assistance paid to you or on your behalf during this appeal process. In such cases, the Department will pursue recovery of this amount, including civil action, once your assistance terminates.

However, you may choose to waive your right to receive the disputed amount of assistance pending the appeal decision, thus eliminating any necessity for possible recovery of funds if your appeal is denied. To exercise this option, check Box A on the reverse side of this notice. If you check this box, this Department will proceed to implement the action indicated above on the originally proposed date but will conduct a fair hearing on the issues of your appeal. If you do waive continued assistance and the referee upholds your appeal, the Department will promptly correct any underpayment which might have resulted.

______________________ ______________________

Social Worker Supervisor

Telephone Number ______________________

DEPARTMENT USE ONLY

REGION	OFFICE	CATEGORY	SOCIAL SECURITY NUMBER	CASE ASSIGNMENT NUMBER	ACTION REASON

NFL #1 (Rev. 12/81) For Special Cuban Program Phasedown Project Only

English translation of Spanish form

THE COMMONWEALTH OF MASSACHUSETTS

Department of Public Welfare
Division of Hearings
P. O. Box 167, Essex Station
Boston, Massachusetts 02112

REQUEST FOR A FAIR HEARING

The General Laws provide that if you are not satisfied with any action by the Department of Public Welfare, you have the right to appeal and receive a fair hearing before a referee of the Division of Hearings. The request for a fair hearing must be received by the Department within 30 days of the official written notice to you of action by the Department which includes a statement on the right to appeal and time limit for appealing. You have 60 days to appeal a Medicaid issue. You have 90 days to appeal a food stamp issue. You may appeal at any time if you think you are not receiving the correct amount of stamps.

TO REQUEST A FAIR HEARING COMPLETE AND SEND THIS FORM TO THE ABOVE ADDRESS

The Division of Hearings will notify you of the time, date and place of your hearing. If you are unable to attend the fair hearing, please contact the Division of Hearings at 727-6050 or 1-800:882-2017 as soon as possible so that your fair hearing can be rescheduled. Failure to appear at the fair hearing without good cause may result in dismissal of the appeal.

At the fair hearing, you may appear personally and may be accompanied by an attorney or other representative at your own expense. You may wish to contact a local legal service office or community agency which will provide advice or fair hearing representation at no charge. Information about this service, if available in your area, can be obtained by contacting the Welfare Service Office. You or your representative will have the opportunity to present evidence and to produce and cross examine witnesses. The referee must make a decision based solely on the evidence presented at the hearing. You or your representative will be permitted to see your written record prior to the hearing if you so desire.

I ______________________________ hereby request a fair hearing before a referee of the Division of Hearings. The reason I wish to request a fair hearing is:

____

____

____

NAME: ______________________ TELEPHONE ______________________

ADDRESS: ______________________ CITY/TOWN ______________________

SIGNATURE: ______________________ DATE ______________________

My authorized representative is:

NAME: ______________________ TITLE ______________________

ADDRESS: ______________________ TELEPHONE ______________________

☐ A. I do not want to continue receiving the disputed amount of assistance during the appeal process.

Attachment C

The Commonwealth of Massachusetts
Department of Public Welfare

THOMAS H SPIRITO
Commissioner

CSAO/WSO ______________________

FECHA ______________________

NOMBRE ______________________

DIRECCIÓN ______________________

CIUDAD/ZONA POSTAL ______________________

Su solicitud para ______________________ ha sido cuidadosamente estudiada y rechazada en base a la siguiente evidencia:

Cita del Manual:

☐ Su solicitud para estampillas de alimentos ha sido rechazada también por la siguiente razón:

Cita del Manual:

☐ Se está llevando a cabo una revisión por separado de su elegibilidad para estampillas de alimentos.

☐ Cuando usted solicitó para asistencia se le informó que debía de llenar una solicitud aparte para estampillas de alimentos como Asistencia Familiar Privada. Si usted aún no ha solicitado estampillas de alimentos póngase en contacto con su Trabajador Social para informarse de donde ir a llenar la solicitud.

☐ Aunque su solicitud para Asistencia ha sido rechazada, usted o miembros de su familia pueden ser elegibles para Asistencia Médica como personas con necesidad de ayuda médica. Usted puede averiguar sobre su elegibilidad para Asistencia Médica en su oficina local de Bienestar Público.

☑ Si usted apela esta decisión en los próximos diez días al recibo de este aviso, recibirá beneficios de ______________ mientras se celebra la audiencia.

Si en el futuro sus circunstancias actuales cambian, usted tiene derecho de solicitar nuevamente para la Asistencia que ahora se le ha negado.

Si usted no está de acuerdo con esta decisión, usted tiene derecho a una Audiencia Imparcial durante el número de días siguientes al recibo de esta carta: 30 días en un caso de Asistencia Económica; 60 días en un caso de Asistencia Médica; y 90 días en un caso de Estampillas de Alimentos. Si usted desea solicitar una Audiencia Imparcial, llene la parte de atras de una copia de esta carta.

______________________ ______________________
Trabajador de Pagos de Asistencia Teléfono

PARA USO DEL DEPARTAMENTO SOLAMENTE

REGION OFFICE CATEGORY SOCIAL SECURITY # CASE ASSIGNMENT # ACTION TAKEN

NFL-5 (Rev. 12/81)
SPANISH For Special Cuban Program Phasedown Project Only

NFL-5 SP

ESTADO DE MASSACHUSETSS
Departamento de Bienestar Público de Massachusetts
División de Audiencias
P.O. Box 167, Essex Station
Boston, MA 02112

SOLICITUD PARA UNA AUDIENCIA IMPARCIAL

Las Leyes Generales establecen que si usted no está satisfecho con cualquier acción del Departamento de Bienestar Público, usted tiene el derecho de apelar y de recibir una audiencia imparcial ante un árbiro de la División de Audiencias. La solicitud para una audiencia imparcial se debe recibir en el Departamento durante los próximos 30 días a partir del aviso oficial escrito por el Departamento, que incluye una declaración del derecho de apelar y la fecha límite para la apelación. Usted tiene 60 días para apelar sobre Asistencia Médica (Medicaid) y 90 días para apelar sobre Estampillas de Alimentos. Usted puede apelar en cualquier momento si cree que no está recibiendo la cantidad correcta de estampillas.

PARA SOLICITAR UNA AUDIENCIA IMPARCIAL LLENE Y ENVIE ESTE FORMULARIO A LA DIRECCIÓN QUE APARECE EN LA PARTE SUPERIOR

La División de Audiencias le notificará de la fecha, hora y lugar de la audiencia. Si no puede asistir a la audiencia, favor de comunicarse lo antes posible al 727-6050 o 1-880-882-2017 con la División de Audiencias, para que le den una nueva cita. Si falta a la audiencia sin tener una razón justificada, su audiencia puede ser eliminada.

A la audiencia, usted puede ir personalmente y también puede ir acompañado por un atogado o cualquier otro representante por gasto propio. Si desea, puede comunicarse con una oficina local de servicios legales o con una agencia de la comunidad que le brindará consejo o representación sin costo alguno. Información sobre estos servicios, si están disponibles en su área, puede obtenerse si se comunica con la Oficina de Bienestar Público. Usted o su representante tendrán la oportunidad de presentar evidencia y de examinar a los testigos. El árbitro tiene que tomar una decisión basada únicamente en la evidencia presentada en la audiencia. Se le permitirá a usted o a su representante ver su expediente antes de la audiencia, si así usted lo desea.

Yo ________________, por medio de ésta, solicito una audiencia imparcial ante un árbitro de la División de Audiencias. La razón por la cual yo solicito una audiencia imparcial es:

____

____

____

NOMBRE ______________________ TELÉFONO ______________________

DIRECCIÓN ______________________ CIUDAD/ZONA POSTAL ______________________

FIRMA ______________________ FECHA ______________________

Mi representante autorizado es:

NOMBRE ______________________ TÍTULO ______________________

DIRECCIÓN ______________________ TELÉFONO ______________________

☐ A. Yo no deseo seguir recibiendo la cantidad de asistencia en discusión durante el proceso de apelación.

Attachment D

The Commonwealth of Massachusetts
Department of Public Welfare

CSAO/WSO ______________________________

NAME ____________________________________ DATE __________________________

ADDRESS _________________________________

CITY/ZIP ________________________________

Your application for ______________________ has been considered and denied on the basis of the following summary of the evidence:

Manual Citation:

"If you appeal this decision within 10 days of this notice, you will receive ______________ benefits while the appeal is pending."

☐ Your food stamp application is also denied for the following reason:

☐ A separate review of your food stamp eligibility is being made. You will be informed of the results of this review.

☐ When you applied for assistance you were informed that you must file a separate application for food stamps as a non-public assistance household. If you have not already applied for food stamps you may wish to contact your Assistance Payments worker to find out where to file an application.

☐ Although your application for assistance has been denied, you or members of your family may be eligible for Medical Assistance as medically needy individuals. You may inquire about your eligibility for MA at your local Welfare Service office.

If, in the future your circumstances change, you have the right to make another application for the assistance you have been denied.

If you disagree with this decision, you have the right to a fair hearing before a referee of the Department of Public Welfare. You may exercise this right by riling a request for a fair hearing within the following number of days from the date of this notice: 30 days on a cash assistance issue; 60 days on a Medicaid issue; and 90 days on a food stamp issue. If you wish to request a fair hearing complete the reverse side of one copy of this letter. Retain the second copy for your information. You may call this office to find out how to obtain free legal advice if any is available in your area.

______________________________	______________________________
Assistance Payments Worker	Telephone Number

DEPARTMENT USE ONLY

REGION	OFFICE	CATEGORY	SOCIAL SECURITY NUMBER	CASE ASSIGNMENT NUMBER

NFL #5 (Rev. 12/81) For Special Cuban Program Phasedown Project Only
Spanish

THE COMMONWEALTH OF MASSACHUSETTS

Department of Public Welfare
Division of Hearings
P. O. Box 167, Essex Station
Boston, Massachusetts 02112

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____

NAME: ______________________________ TELEPHONE ____________________

ADDRESS: ____________________________ CITY/TOWN ____________________

SIGNATURE: __________________________ DATE ____________________

My authorized representative is:

NAME: ______________________________ TITLE ____________________

ADDRESS: ____________________________ TELEPHONE ____________________

☐ A. I do not want to continue receiving the disputed amount of assistance during the appeal process.

Attachment E

*** W.S.O. 44

CUBAN PROGRAM PHASEDOWN
CASE CLOSING REPORT

>> CASE IDENTIFICATION <<				>> ACTION TAKEN BY W.S.O. << **** NOTE: PLEASE ENTER COMMENTS, IF ANY, ON THE LINE			
SOCIAL SECURITY # NAME ADDRESS	GRANT AMOUNT	NO. PERSONS IN CASE	ACTION REASON	ACTION REASON CORRECTED TO?	TERMINATION DATE	LIST NEW CATEGORY IF ANY	NEW GRANT AMOUNT IF ANY
	W$ 379.20	3	10	--------	-----------	--------	$--------
				COMMENTS:			
	$ 247.50	1	11	--------	-----------	--------	$--------
				COMMENTS:			
	$ 252.90	3	13	--------	-----------	--------	$--------
				COMMENTS:			
	$ 247.50	1	11	--------	-----------	--------	$--------
				COMMENTS:			
	$ 247.50	1	11	--------	-----------	--------	$--------
				COMMENTS:			
	$ 509.70	5	13	--------	-----------	--------	$--------
				COMMENTS:			

SUMMARY TOTALS FOR W.S.O. # 44

GRANTS $ 1884.30 # PERSONS = 14 # CASES = 6

*** PLEASE ENTER THE FOLLOWING TOTALS **:
NUMBER OF CHANGES MADE TO THE ACTION CODES = ...

TERMINATED CASES ONLY:	CASES CLOSED	TOTAL $ AMOUNT
A.F.D.C.		
G.R.		
M.A.		

I.------------------ ----------, CERTIFY THAT THE ABOVE WORK WAS COMPLETED AS OF ----------.
(WSO DIRECTOR) (DATE)